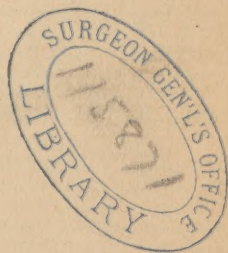


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Celata virtus.*—HORACE

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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

JULY, 1886.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if *a written order* for the same accompanies the paper.

Iliac Phlegmons ; Some Considerations of Anatomical and Surgical Interest.*

By RUDOLPH MATAS, M. D.,

Demonstrator of Anatomy Medical Department, Tulane University of Louisiana;
Visiting Surgeon Charity Hospital, New Orleans.

PART I.

ANATOMICAL CONSIDERATIONS.

In order to understand the nature, distribution and course of the inflammations which lead to the formation of purulent accumulations in the iliac fossæ, and in order also to appreciate the various symptomatic manifestations which such inflammation may give rise to, it is indispensable—as a preliminary—to study the anatomical peculiarities of the more important structures which are found in this region. These anatomical considerations are equally indispensable for the rational surgical treatment of such troubles when they present themselves, as they so frequently do, in practice.

For our present purposes we will limit our study of the topographical features of this fossa to the discussion of the following points: 1st—the relations of the intestine and

*Read before the La. State Medical Society, April, 1886.

peritoneum to the iliac fossæ; 2d—the subperitoneal connective tissue; 3d—the distribution of the iliac fascia and its important surgical relations; 4th—the connective tissue under the iliac fascia, i. e., the sub-fascial or sub-aponeurotic areolar tissue.

I will limit myself to these four topics because I believe that their elucidation will sufficiently serve as a key to the ready understanding of the various inflammatory troubles which are clinically associated with this region.

1st. *The relation of the intestine and especially its peritoneal covering to the fossa.*

The special frequency with which abscess occurs in the right fossa in consequence of the *so-called* perityphlitic inflammations renders it imperative that we devote special consideration to this part of the large intestine.

The influence of tradition upon anatomical authority can be only too frequently discovered, even in the descriptions of the simplest and most demonstrable structures, in the works of our most original anatomical thinkers. And, of this, the description of the cæcum is a remarkable example.

In the truly admirable and original lectures on the anatomy of the intestinal canal and peritoneum in man, which were delivered last year (1885) before the Royal College of Surgeons of England, by Mr. Frederick Treves,* this eminent anatomist first pointed to the decided discrepancy between the descriptions given in the texts and the real facts demonstrated by cadaveric examination. As a result of his careful examination of 100 subjects, he says: “The result of my investigation on this point is entirely at variance with the statements contained in anatomical text-books. The account given of the cæcum in works on anatomy would appear to be very ancient. It can be traced back from book to book through many literary generations; and, throughout its long history, it seems to have undergone little or no alteration. It is one of those descriptions that

Lectures on the Anatomy of the Intestinal Canal and Peritoneum in Man. By Frederick Treves, F. R. C. S., *British Medical Journal*, February 28, 1885, and subsequent numbers

forms a real anatomical property, and that descends from one author to another with the precision of entail." As an illustration of this, Mr. Treves quotes the description of the cæcum given in Quain's Anatomy, a work which justly deserves its authoritative and commanding position as an anatomical text. Quain says: "The *intestinum cæcum* or *caput cæcum coli* is that part of the intestine which is situated below the entrance of the ileum. The cæcum is situated in the right iliac fossa behind the right wall of the abdomen. It is covered by peritoneum in front, below and at the sides; but behind it is usually destitute of peritoneal covering, and is attached by areolar tissue to the fascial covering of the right iliacus muscle. In this case, the cæcum is comparatively fixed; but in other instances the peritoneum surrounds it almost entirely and forms a duplicature behind it, called meso-cæcum."

This description of the cæcum is not confined to the descriptive anatomists only but is taught by the special anatomists as well, and I will cite the following extract from Tillaux's admirable work, "*Anatomie Topographique*" (1884), in which the anatomy of the iliac region is especially discussed and where the old error is maintained with still greater vigor. Tillaux presents a plate in which the loose areolar tissue behind the cæcum is especially represented, and says, that: The peritoneum does not surround the cæcum throughout its circumference, it does not form for it a meso-cæcum; this intestine is on the contrary, in direct contact with the subserous areolar tissue. It is owing to this arrangement that typhlitis is so readily spread to the connective tissue, which explains how it is that subperitoneal abscesses frequently empty into the cæcum.....

"The cæcum is therefore weaker in the posterior *fourth* of its circumference since it loses one of its coats at this point. It is also at this point, and on this account, that perforations of this intestine take place".....

Mr. Treves says: Accepting the definition of the cæcum given by the editors of "Quain" and by all other anatomists, I might state that in the 100 specimens examined, *I have never found the posterior surface of the cæcum uncovered by peritoneum*; I have never found it attached by

areolar tissue to the iliac fossa ; and I have not met with one single example of a meso-cæcum. I am much disposed to doubt the existence of such a fold as the last named."....

"When the abdomen is opened shortly after death, while the rigor mortis is still present, and before the intestines have become distended by decomposition, and so displaced, it will be found that the cæcum is usually lying upon the psoas muscle, and so placed that its apex or lowest point is just projecting beyond the inner border of that muscle. In such a case, the cæcum will often be nowhere in relation with the iliacus muscle, or only its upper limits will be in contact with that structure. In defining these relations it is essential not to lose sight of the prime definition of the *caput coli*.

"In the great majority of instances, the apex of the cæcum corresponds with a point a little to the inner side of Poupart's ligament.

"In a great number of cases, the cæcum is entirely clear of both psoas and iliac muscles, and hangs over the pelvic brim, or is lodged entirely within the pelvic cavity. In 18 instances out of 100, Treves found the cæcum lying within the pelvis or placed in contact with the upper surface of the bladder or uterus, or wedged in with the sigmoid flexure, or lying actually in contact with the left wall of the pelvic basin."

He ends by saying: "*Now in every instance that I have as yet seen, the cæcum has been entirely enveloped on all sides by peritoneum, and has been free in the abdominal cavity.*"

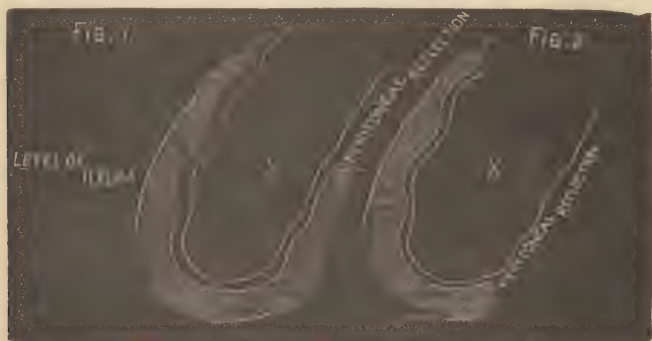


Fig. 1. Illustrates cæcum entirely invested by peritoneum, as taught by Mr. Treves.

Fig. 2. Cæcum partially invested by peritoneum, as taught in the texts.

This last important observation I believe I am able to confirm by the examination of over 25 subjects which I personally inspected in the anatomical rooms of the Medical Department of Tulane University, during the last session, 1885-6.

Even before my attention was directed to the subject by the perusal of Mr. Treves' lectures I had been frequently struck by the decided discrepancy between the texts and the real facts, but I must admit, however, that the respect for authority—the *magister dixit*—always led me to cling to the traditional description, and in my demonstrations caused me to allude to the too frequent contradictory evidence presented by the subject as an instance of an anomalous disposition of the parts. But now that Mr. Treves has so powerfully swept away the old legend, I will be pleased to recognize as a rule in the future, that which in the past I had taught as an anomaly.

Having decided, therefore, from the above evidence that the cæcum is *not* a fixed part of the large intestine, i. e., that it is not connected to the iliac fossa by loose areolar tissue or its posterior surface; that it is everywhere surrounded by peritoneum, and that it is suspended in the iliac fossa like a veritable *cul-de-sac*; we must now ask ourselves at what point then does the peritoneum leave it to reflect itself upon the abdominal wall?

Treves again answers the question with the authority vested upon him by his extended and careful observations.

“The line of reflection of the peritoneum, from the posterior wall of the cæcum on the posterior abdominal parieties varies somewhat. . . . In any case it is continuous with the left or under layer of the mesentery. The reflection is usually transverse, and is commonly placed between a line on a level with the summit of the iliac crest and another on a level with the anterior superior iliac spine. It is, as a rule, limited to the surface of the psoas muscle, or to that muscle and a small part of the adjoining part of the iliacus. *In a great majority of all cases the reflection in reality takes place from the posterior surface of the ascending colon and not from the cæcum*, so that not only is the cæcum entirely covered by serous membranes be-

hind, as well as on all other sides, but the same complete covering is bestowed upon the commencement of the ascending colon. Those who are impressed with the orthodox description of the cæcum will scarcely believe that the average measurement in a vertical line in the back of the colon, from the tip of the cæcum to this reflection of the peritoneum is four (4) inches. If from this be deducted $2\frac{1}{4}$ inches for the average length of the cæcum, it leaves $1\frac{3}{4}$ inches of the ascending colon entirely invested on all sides by peritoneum."

From the preceding anatomical considerations I believe that interesting and important deductions may be drawn which have some medical and surgical value.

The first point that can be safely made, if Mr. Treves and my own observations are to be accepted as the correct representation of an anatomical law, is that the relations of the cæcum, as far as its peritoneal envelope is concerned, are very much like those of the sigmoid colon. Therefore, the reason urged by many writers for the greater liability of the *right* iliac fossa to contract phlegmonous inflammations, on account of the direct exposure of the connective tissue of this fossa to intestinal contact, is in a great measure fictitious and the term paratyphlitis which was applied first by Oppolzer, (1864) Bossard (1869), and others to the inflammations which primarily originated in this theoretical *subcæcal* areolar tissue are altogether the outcome of the traditional and incorrect description of the cæcum already noticed. In the light of these anatomical data we would also repudiate the term *perityphlitis* if used in the generally accepted sense which makes it synonymous with *paratyphlitis*. As an instance of this usual but erroneous application of the word perityphlitis I would cite the definition given by Dr. R. P. Noyes, the author of a masterly essay on this subject, and who says: "By perityphlitis we understand an inflammation of the cellular tissue situated behind the cæcum and lying between it and the iliac fascia." If the word perityphlitis were used in the German sense, as Virchow first applied it to periuterine inflammations, *i. e.*, only to indicate inflam-

mations of the serous investment of an organ, there can certainly be no objection to the word, but if used synonymously with *paratyphlitis* then we cannot accept it, for we cannot, consistently with our present anatomical data, believe the latter condition to exist. If the term *paratyphlitis* is used to designate the subperitoneal iliac cellulitis which so frequently supervenes in the course of typhlitic inflammations then it is employed in a different manner from that originally intended by Oppolzer, Bossard and others, for there is not, as they believed, a retro-cæcal atmosphere of connective tissue which is the *primary* seat of inflammation.

I would lay stress upon this, because most clinicians and writers on this subject appear to emphasize the point that the greater preponderance of right iliac to left iliac inflammation is due in a great measure to the phlogistic susceptibility of this loose subcæcal atmosphere of areolar tissue—a theory that could certainly be very much impaired by the anatomical data already given.

It has been claimed also, that owing to this lack of serous investment on its posterior surface, the cæcum is frequently perforated by perityphlitic abscesses which discharge their contents into and through the bowel.

I am very positively convinced that this, like many of the anatomical reasons thus adduced to account for the relation between typhlitis and iliac phlegmons, are based on incorrect or imperfect anatomical notions.

But it may be asked, if inflammation of the cæcum is not spread to the subperitoneal connective tissue of the iliac fossa by direct propagation from the mass of connective tissue behind, and immediately continuous with it, what, then, is the route by which typhlitis does cause such phlegmonous inflammations? I believe that the question can be answered rationally by the results of post-mortem examinations.

It is the rule to find in all cases of iliac phlegmon, examined post-mortem, the results of *perityphlitis* or other-

wise, marked evidence of localized, if not general, peritonitis. Jaccoud says: "No matter where an iliac phlegmon may be primarily seated (i. e., whether it be seated immediately under the peritoneum, or under the iliac fascia), it is pretty certain to be accompanied by a more or less circumscribed peritonitis." Grissolle says: "One-sixth of the patients affected with iliac abscess appear to succumb to this complication, peritonitis, which is especially fatal in the puerperal abscesses." Furthermore, if we consult the large records of post-mortem examinations of perityphlitic abscesses, we will find that the intestines, the cæcum and its appendix are, as a rule, bound down by adhesion to the iliac fossa and surrounding parts. It should be borne in mind that this peritonitis occurs irrespective of perforation of the bowel, etc. I have been present at the autopsies of three cases of perityphlitic phlegmon in the course of my medical career and in each of the cases very marked evidences of adhesive peritonitis existed.

The result of this localized peritonitis appears to be, that in cases of true perityphlitis or of inflammation of the appendix cæci, the bowel is agglutinated very early in the history of the disease, to the peritoneum which lines the iliac fossa. The intestine is thus brought down and firmly fixed to the fossa in a manner which brings it into very close relation with the sub-peritoneal cellular tissue which is soon attacked and breaks down into suppuration. This I believe is the common way by which the so-called perityphlitic abscesses are formed, but as is well attested by an interesting observation of Husson and Dancé (1826), the sub-peritoneal cellulitis may start behind the beginning of the ascending colon where a lax bed of connective tissue does as a rule exist, and from this point it is easy to understand how an inflammation may readily spread to the connective tissue of the iliac fossa. In the case reported by Husson and Dancé, the whole connective tissue had melted down into pus and had dissected off, to a great extent, the peritoneum from the colon and cæcum and had diffused itself throughout the iliac fossa.

But if there is any doubt as to the manner in which cæcal inflammations are propagated to the subperitoneal connective tissue of the iliac fossa, there can certainly be no possible doubt as to the mode by which the inflammations of its appendix, are propagated. It is manifest that the phlegmasiæ of the diverticulum cannot spread by a subperitoneal cellulitis, as there is no loose connective tissue anywhere about the appendix. In such cases the intestinal inflammation must be initiated by an adhesive peritonitis which glues down the bowel and its diverticulum to the underlying peritoneum of the iliac fossa and causes thereby a secondary cellulitis of its connective tissue.

This, I believe, is the invariable rule in all cases of iliac phlegmon due to disease of the appendix vermiformis. I have read and collected quite a number of reports of autopsies on such cases, and in each, I have always noted the peritoneal adhesion above described. I have before me an old number of the New York Medical Record of March 2nd, 1867, which contains an account by Dr. G. H. Wynkoop, of New York, of the post mortem appearance of an appendix vermiformis which two years previously had been the seat of abscess and had been operated on by Prof. Willard Parker. In this case, the adhesion of the cæcum and its appendix to the iliac fossa and abdominal wall, as above noted, are very clearly confirmed. In further support of this view, I am pleased to add that Drs. Sands* and Kelsey† of New York, expressed a similar opinion in 1879 and 1878 respectively.‡

I will not stop to consider the many interesting theories and observations that have been advanced to explain the greater tendency to a localization of enteric inflammation in the cæcum in preference to other parts of the large intestine. Many of the reasons for this preference are obvious on anatomical grounds alone, but a great many points

* New York Medical Record, 1879. xiii 5.

† American Journal Medical Sciences, 1878.

‡ A very interesting specimen from a case of elongation and abnormal fixation of the appendix attended by perforative peritonitis, was presented to the New York Pathological Society, March 24, 1886, by Dr. Waldenstein, which I believe plainly supports the view above sustained.

concerning the relations between typhlitic inflammations and iliac abscesses are still involved in doubt and obscurity. As it is not my purpose to enter into any etiological considerations, I will simply refer the reader to some of the various authors who have carefully investigated this subject. Among these I would especially cite the works of Husson & Dancé,* Meniere,† Grissolle,‡ Dupuytren,§ Velpeau,|| Monneret & Fleury,¶ Bartholow,* Oppolzer,† Déspres,‡ Blachez,§ Jaccoud,|| Noyes,¶ and Whittaker,* A. B. Paultier,† who devote special attention to this part of our subject, and who discuss the various doctrines that have been held since 1758, when the first ideas on iliac inflammations glimmered through the darkness of the period in the writings of Ludwig‡ and LeDran.§

In considering the relations of iliac inflammations to the anatomy of the intestinal canal it is impossible to omit, if only with the object of impressing its importance—the immense significance of the appendix vermiformis as a casual factor in the history of such inflammations. The observation that the so-called perityphlitic abscesses have been so often traced to diseases of this diverticulum has led to a closer study of its anatomical relations, and has led to the discovery that this organ is subject to a great variation in size, shape and situation, which, according to the extensive

* Husson & Dancé, *Mem. sur quelques engorgements inflammat's. qui se developpent dans la fosse iliaque droit*, Rep. Gen. d'Anatomie et de Physiolog., iv; 1827.

† Meniere, *Mem. sur les tumeurs phlegmoneuses occupant la fosse iliaque droite*. Arch. Gen'l de Médecine, 1828.

‡ Grissolle, *His. des Tumeurs Phlegmoneuses des Fosses Iliaque*. Arch. Gen'l de Médecine, 1839.

§ Dupuytren: *Lecons Orales*, t. iii; Paris, 1833.

|| Velpeau: *Lecons Orales*, t. iii; Paris, 1844.

¶ Monneret et Fleury: *Compend. de Médecine*, t. viii; Paris, 1846.

* R. Bartholow: *On Typhlitis and Perityphlitis; on Diseases of the Cæcum and appendix Resulting in Abscess in the Right Fossa Iliaca*. (Am. Jour. Med. Sciences, 1866.)

† Oppolzer: *Pathology and Therapy of Subperitoneal Abscess*, Wiener Mediz. Woch., 1864. Translated in French journals.

‡ Depres: *Art. "Iliaque," Nouveau dict. de Médecine et Chirurgie Pratiques*, t. xviii, Paris, 1874.

§ Blachez: *Art. Cæcum*, Dechambre's Dict., Vol. II, 1st Series.

|| Jaccoud: *Pathologie Interne*, vol. ii, p. 221-241.

¶ Noyes: *Transactions Rhode Island Medical Society*, 1882, Article Perityphlitis.

* Whittaker: *Typhlitis, Perityphlitis and Paratyphlitis*. American System of Medicine (Pepper), vol. 2.

† Contribution a l'étude de la Typhlite et de la Perityphlite, O. Doin; 1875. Paris.

‡ Ludwig: *Diss. de Abscessu latente*; Lepsix, 1758. quoted by Jaccoud.

§ Ledran: *Consult. sur la plupart des Maladies que sont du Ressort de la Chirurgie*; Paris, 1765. Quoted by Jaccoud.

researches of Matterstock (1880) and Kraussold (1881) are the real predisposing factors to the inflammatory and perforating lesions of this organ which lead to iliac suppurations. Treves (1885) has also added to our stock of information on this subject, which confirms still further the importance of these anatomical aberrations of the appendix in the etiology of perityphlitic troubles. I cannot pause to consider the anomalies, interesting as they are in connection with this study, but must refer the reader to Ziemessen, *, Whittaker, † and Treves, ‡, where a detailed account is given of them by these authors. I would, however, dwell upon a few points, which I believe have not been sufficiently appreciated and should be generally known. It should be remembered that the growth of the appendix is irregular and uncertain, and that it appears to be influenced in no way by the development of the main intestinal tube. It would seem that it may attain its full length quite early in life, as in an instance recorded by Treves, in which an appendix four and three-quarter inches in length was found in the body of a child aged 3 years.

The width of this process is more constant and is indeed liable to very few fluctuations. In another remarkable case described by Treves, a male subject 37 years of age, this observer found the appendix to be four inches in length, and a little over *half an inch* in width.

It should be remembered also, that the valvular fold of mucous membrane known to some anatomists as the valve of Morgagni which appears to guard the orifice that connects the cavity of the diverticulum to the cæcum varies in size according to the age of the subject. This fold is most marked between the ages of 8 and 12 years, and then it usually narrows the orifice to $\frac{1}{2}$ or $\frac{1}{3}$ of the calibre of the tube; as a rule this fold is little pronounced in the first years of life and is atrophied in old age. In the fœtus, according to Marc See there is no fold at all and the cavity of the ap-

*Ziemessen, *Cyclopedia of Practice of Medicine*, Vol iii. Constrictions, occlusions and displacements of the Intestines by Otto Leichtenstern.

†Loc. cit.

‡Loc. cit.

pendix which at this period is commonly filled with meconium communicates freely with the cæcum. Great clinical importance has been attached to this fold by Gerlach, and it may be, as he claims, that greater liability to contract disease of the appendix at the time of life when this valve is most marked, is due to the existence of this contracting fold.

Matterstock quotes Züngle who observed in 59 cases in the Hamburg Hospital, whole or partial obliteration of the appendix 30 times; catarrh and old fecal concretions, 43 times; abnormal adhesions, 12 times, and tubercular ulceration (without perforation) 11 times. *Toft claims as a result of 300 personal investigations, that every third person between the ages of twenty and seventy, shows the traces of present or past inflammation, and that actual ulceration existed in 5 per cent. of all bodies examined.*

Kraussold declares that this percentage is rather too low than too high, and adds that among his patients who were mostly phthisical, it was remarkable how extraordinarily often the whole vermiform appendix was the seat of encroaching ulcer. The discovery therefore, that the appendix is so frequently the seat of stricture and especially ulceration in consequence of dysentery, typhoid fever, syphilis and more especially of tuberculosis, marks a most important era in the etiological history of this disease. Clinicians who have been struck with the frequency with which typhlitis and perityphlitis occur in tubercular subjects find in this discovery a very satisfactory explanation of this very remarkable coincidence.

Whittaker, in his very able article on this subject in Pepper's American system of Medicine, (1886,) to whom we are indebted for much of the preceding information, calls attention to an anatomical factor in explanation of the frequency of ulceration and inflammation of this structure, in that its walls are so sparsely endowed with muscular tissue as to render it unable to empty itself of the

virus or germs of disease which enter it from the comparatively stagnant reservoir above it,—the cæcum.

II. The Sub-Peritoneal Areolar tissue of the iliac fossa.

Immediately under and behind the peritoneum there exists an extremely abundant areolar layer which is loose, easily penetrated and which contains usually little fat. It is uniformly continuous with the subserous connective tissue of the pelvic basin, and, in the female, it is particularly so through the cellular layer of the broad ligaments. With this direct continuity of tissue in view, it is very easy to understand how readily pelvic cellulitis will spread to the iliac fossa and how it is that the inflammations which are frequently developed in these ligaments during the puerperal state are propagated with such remarkable rapidity to the false pelvis. It is to this particular form of iliac inflammation that the French have given the name of Subperitoneal Iliac Phlegmon.

I will state incidentally that in the last few years the relations between the pelvic and iliac connective tissue and their influence in the propagation of pelvic inflammations to the iliac fossæ have received new and strong experimental proof through the evidence adduced by German investigators. Bitas, König and Schlessinger performed a series of very interesting experiments, which not only confirmed the clinical fact that pelvic inflammations are most liable to attack the iliac fossæ, and there give rise to subperitoneal abscesses, but they were also able to trace accurately the anatomical route that would in all likelihood be taken by such inflammations. These experimenters injected by means of fine canulæ fluids, such as colored glue, into the peri-uterine tissues of puerperal and non-puerperal bodies. König found (a) that fluids injected into the region around the *fundus uteri* and uterine portion of the Fallopian tubes, first pass upwards into the iliac fossa to reach the crest of the ilium, then downward toward Poupart's ligament, and finally into the *pelvis* minor or true pelvis, (b) fluids injected into the

peri-uterine tissues, in the neighborhood of the internal os, first fill the retro-peritoneal connective tissue of the *pelvis minor*, then follow the round ligament towards Poupert's ligament and ascend in a backward direction into the iliac fossa; (c) that when the injection is made near the lower portion of the posterior surface of the uterus, the fluid first flows into the *cul-de-sac* of Douglas and thence rises into the iliac fossa.

Schlessinger (1878), although in the main agreeing with König, differs with him in the following two points: He says, (a) when fluid is injected in the neighborhood of the fundus uteri, it first passes into the iliac fossa, but thence it does not descend into the true pelvis, as König observed, but it ascends, running up the anterior abdominal wall; (b) from the broad ligament the fluid finds its way into the iliac fossa and thence upward toward the kidney running in the mesentery of either the ascending and descending colon. Schlessinger further makes the interesting statement that his pericervical injections filled the pericervical tissues, but that they never produced a tumor which could be felt above the *symphysis pubis*.

C. Fenger, of Chicago, to whom we are indebted for the preceding extracts, repeated these experiments in 1884, using milk as the injecting fluid, and apparently confirmed these results, though the details of his work are not given in his published remarks on the subject in the interesting discussion on pelvic abscess which took place in the Chicago Gynecological Society, February 19, 1886. The preceding experiments, however, will serve to make plain the route taken by puerperal pelvic inflammations and will also impress the point that all acute purulent accumulations which are found in the iliac fossa, which are directly traceable to puerperal influences are almost to a certainty *sub-peritoneal abscess*. This I emphasize in order that the difference between the subperitoneal and *sub-aponcurotic* abscess may be still better appreciated.

Subperitoneal iliac abscesses are, to define them, purulent accumulations in the iliac fossa situated between the peri-

toneum above, and the iliac fascia below. It is now necessary to understand the value of this definition from the practical point of view; and, in order that the exact relations of such abscesses to the peritoneum and subjacent tissues be better understood the following schematic representation is introduced to help our purpose.

Fig. 3.

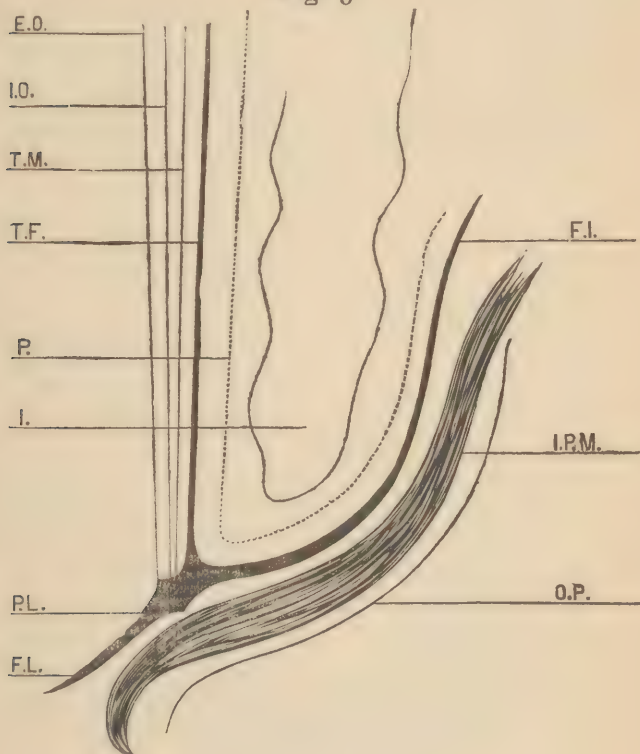


Fig. 3. Vertical section of right iliac fossa (schematic) on level with outer $\frac{1}{3}$ of Poupart's ligament.

- | | |
|--------------------------------|-----------------------------|
| E. O. External oblique muscle. | P. L. Poupart's ligament. |
| I. O. Internal oblique muscle. | F. L. Fascia lata. |
| T. M. Transversalis muscle. | F. I. Fascia iliaca. |
| T. F. Transversalis fascia. | I. P. M. Ilio-psoas muscle. |
| P. Peritoneum. | O. P. Osseous plane. |
| I. Intestine. | |

In Fig. 3, a vertical section of the right iliac fossa is represented (the deductions from the schema applying equally as well to the left fossa).

It is mainly intended to demonstrate how the iliac fascia unites with the transversalis fascia on a level with Poupart's ligament. The peritoneum (dotted line) descends in front of the iliac fascia till it reaches the crural arch, arrived at this point it is reflected upward to cover the posterior surface of the transversalis fascia. The peritoneum in the iliac region is *nowhere* in direct contact with either the transversalis or iliac fasciæ, but is *everywhere* separated from both these structures by an appreciable thickness of subserous areolar tissue. This subperitoneal areolar tissue is the seat of inflammation in subperitoneal abscess. As already stated in the beginning, it is uniformly continuous from the iliac fossa to the abdominal wall, hence it is not surprising that the exudation in iliac abscess should ascend behind the transversalis fascia *above* Poupart's ligament.

This is in reality the *classical* manner in which acute iliac abscesses (phlegmons) present themselves. An abscess of this kind may, from the anatomical data already given, either ascend into and spread about in the lumbar region; it may *descend* into the pelvis or into the thigh, or *ascend* which is the rule, *above* the crural arch. If it takes the latter course it soon forms a tumor, which can be readily felt above Poupart's ligament in which pus can be detected by an exploring needle. When pus is formed under the peritoneum it necessarily displaces this membrane upward and dissects it from the iliac and transversalis fasciæ as is shown in Fig. 4. In this manner a large purulent focus may be formed in the iliac fossa, which is bounded in front by the *transversalis fascia*, behind by the *iliac fascia*, below by the crural arch and above by the peritoneum. In opening such abscesses when felt above Poupart's ligament the incision should be made parallel with this ligament and over the seat of fluctuation. Such an incision should be made on the outer side of the epigastric artery, the course of which is indicated by a line drawn from the middle of Poupart's ligament to the umbilicus. In cutting, the knife will pass through, 1st, skin; 2d, subcutaneous areolar tissue; 3d, the aponeurosis of the external oblique;

4th, the internal oblique; 5th, the transversalis muscle, and 6th, the transversalis fascia. After which it will immediately penetrate into the purulent cavity which is situated in the subserous areolar tissue. The operator should not apprehend the wounding of the peritoneum in such cases, i. e., especially if fluctuation can be felt above Poupart's ligament, for this membrane has been separated by the inflammatory exudate from the transversalis fascia and is removed far away from danger. This line of incision together with the anatomical strata traversed by the knife will be made still plainer by the accompanying diagram.

Figure 4.

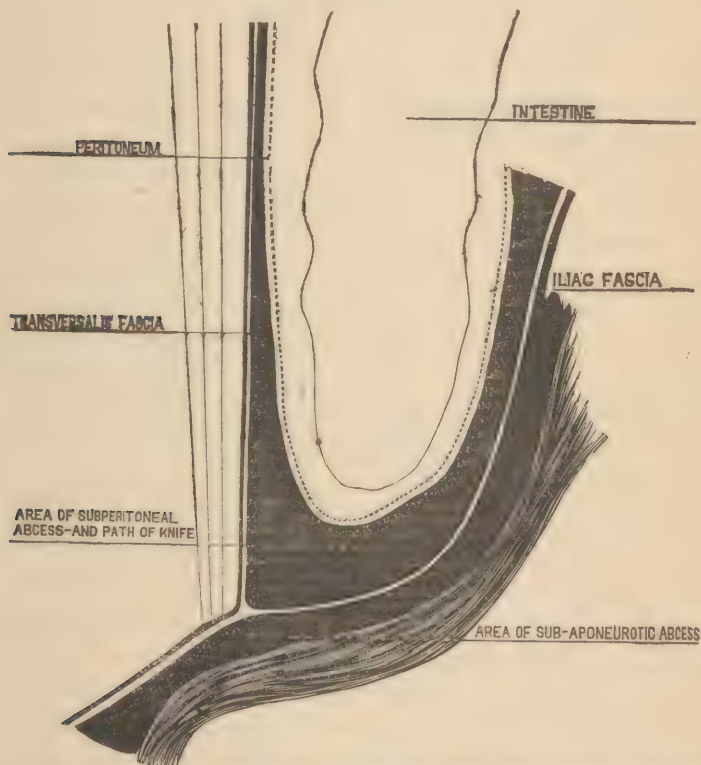


Fig. 4. Scheme intended to represent the limitations of *subperitoneal* and *sub-aponeurotic* abscesses.

The diagram represents the peritoneum lifted above Poupart's ligament and removed from dangerous proximity to

the abdominal parietes. It also exhibits the iliac fascia acting as a barrier between the subperitoneal and sub-aponeurotic phlegmons.

The inflammations which affect the subperitoneal connective tissue end usually in suppuration. They may, notwithstanding this, terminate in induration. In such a case a more or less voluminous mass, of a hard, resisting character, is usually found filling the fossa, which can be readily outlined through the thickness of the abdominal wall. These indurated masses sometimes attain enormous proportions, rising as high as the umbilicus (Tillaux), and assume occasionally an incredible degree of hardness; these indurations remain for a long time stationary, but absorption and resolution progress rapidly when once begun. "Many times," says Tillaux, "have I made deep and large incisions into these masses until their centre was exposed, with marked benefit to the patient."

Inflammation of the subserous areolar tissue of the iliac fossa, particularly when it results from the spreading of a like inflammation in the broad ligaments may follow, but much more rarely, a different route from the one above indicated.

It will be remembered that the external iliac trunks (artery and vein) constitute in the recent subject the inner boundary of the iliac fossæ; where they lie surrounded by this subperitoneal areolar layer. It is, therefore, possible for iliac pus to find its way into the sheaths of the vessels instead of presenting above the crural arch. The pus may escape out of the abdomen into the thigh through the femoral canal, and appear at the saphenous opening simulating femoral hernia for which it has been repeatedly mistaken.

Tillaux has observed a very interesting case of this kind.

There are other situations which the pus of subperitoneal iliac abscess may select to escape from the iliac fossa, such as the great sacro-sciatic foramen with the abscess pointing in the gluteal region; in the weak spot known as the triangle of Petit, which is an excellent situation for incising

such abscesses; they may point posteriorly, or the pus may find its way to the hip joint, or into the intestines, bladder, urethra or perineum in male; or, in the female, they may empty into the vagina, or the labia, through the canal of Nuck; but such terminations are uncommon and occur only in cases in which the pus has been forced by abnormal anatomical circumstances to lose its way in these unfamiliar routes and, especially, where it has ulcerated the underlying iliac aponeurosis.

III. and IV. The Iliac Fascia and its Topographical Relations.

“The dominant feature of the topographical anatomy of the iliac fossa,” says Tillaux, “is the disposition of the iliac fascia.”

This aponeurosis indeed impresses upon this region a special character which is exhibited in the peculiar course and distribution which it usually gives to the purulent collections so often met with in this region. It is therefore necessary to review at least cursorily the attachments and relations of this fascia in order that the course of iliac suppurations, and the peculiar phenomena which they often present may be more easily explained.

The iliac fascia also known as the lumbo-iliac aponeurosis (Sappey), is an aponeurotic leaflet which covers the psoas and iliac muscles throughout their whole course. It forms with the lumbar vertebræ in its upper part and the venter ilii below, a half fibrous and half osseous sheath which lodges the psoas and iliacus muscles—this corresponds to the iliac canal of Velpeau. The thickness, density and resistance of this fascia increase progressively from above downward. It is exceedingly thin, reduced almost to an imperceptible veil in the superior part of the psoas, it assumes a more fibrous character in the lower half of this muscle on a level with the iliacus muscle, and when it reaches the crural arch it assumes all the characters which distinguish the typical aponeurosis. Though it is so thin in its upper portion as to be differentiated with great difficulty from the underlying connective tissue which covers the psoas, it may under suitable inflammatory stimulus become sufficiently thickened to offer a barrier to supra-

aponeurotic suppurations and vice versa. It is attached above to the ligamentum arcuatum internum of the diaphragm, and on the inner side (of the psoas) (1) to all the lumbar spine by a series of arched processes to the intervertebral substances and prominent margins of the vertebræ. Further down (2) it is attached to the base of the sacrum, and still further (3) to the superior strait of the pelvis where it is blended with the periosteum and pelvic fascia, and where it receives the insertion of the psoas parvus muscle. Externally, and to the outer side of the psoas, it is continuous with the lumbar aponeurosis; from the arcuate ligament above to the ilio-lumbar ligament below and when it reaches the iliac fossa it is attached to the inner lip of the iliac crest where it unites with the transversalis fascia. On a level with the bend of the hip or the ilio-femoral flexure, it is united most intimately with the transversalis fascia where it assists in forming Poupart's ligament which is a composite fibrous cord formed by the interblending of these two fasciæ with the aponeuroses of the external and internal oblique and transversalis muscles, and not a simple cord formed by the thickening of the external oblique only, as taught by some authors. But this intimate union with the transversalis fascia only exists in that part of Poupart's ligament which is situated on the outer side of the femoral vessels or according to Dupuytren only 8 or 10 lines from the anterior superior spine of the ilium where it leaves the transversalis fascia and passes under the vessels, forming in this manner the posterior wall of the femoral sheath and in doing this it covers the ilio-psoas tendon which it accompanies to its termination.

Internal to the femoral vessels it is connected to the pectineal line and is continuous with pubic portion of the fascia lata. (Gray.)

This aponeurosis is connected to the muscles, which it covers by an extremely loose areolar tissue. Upon the psoas this tissue offers but little adipose admixture, but upon the iliacus it contains more fat, which in certain subjects may be deposited in sufficient quantity to form a thick cellulo-adipose layer. This sub-aponeurotic connective tissue may be the seat of a primary acute cellulitis, which may not affect the muscles: but, as we will see further, such simple cellulitis, uncomplicated by ilio-psoitis, is rare.

It is evident from the preceding description that the iliac fascia, when its attachment to the iliac bone and lumbar vertebræ are considered, forms a very resisting encasement for the psoas and iliacus muscles, the manifest purpose of which is to protect the parts lying in immediate relation with or about these muscles from the disturbing effect which their contractions might exercise.

It is plain, also, that in inflammatory affections about these muscles, nature, evidently not satisfied with this encasement, still further protects the sensitive parts about them, even from a minimum of disturbance, by completely suppressing their functions, as is shown by the fixation of the thigh.

It should be remembered in connection with the relations of the iliac fascia, that the external iliac artery and vein, and their epigastric and external circumflex branches; the ilio-lumbar artery, the spermatic in the male, and utero-ovarian vessels in the female; the ureter and a chain of lymphatics which accompany the iliac vessels lie, all, in the loose connective tissue which is interposed between the peritoneum and this fascia. These relations are important, because some of the peculiar phenomena which characterize the infra-peritoneal or supra-aponeurotic phlegmons are readily accounted for by them, and may assist in the differential diagnosis of these abscesses. Thus, a phlegmon of the left iliac fossa which recently came under my observation in the service of Prof. Souchon, Charity Hospital, gave rise to a most marked œdema of the left lower extremity, due evidently to the compression exercised by subperitoneal exudations on the left iliac vein. This was confirmed by a post-mortem examination.

The ureter may be likewise compressed by exudation about this channel and be followed by all its pernicious consequences.

Again, it should never be forgotten in examining suspected cases of iliac abscess, that a protopathic adenitis may affect the deep chain of iliac lymphatics, and may give rise to a well characterized but deep seated tumor in

the iliac region which may simulate very deceptively a sub-peritoneal phlegmon as pointed out by Van Lair, in his valuable monograph on the subject.

Though the psoas and iliac muscles are united below in a common tendon they are separate and distinct at their origin, the psoas ascending as high as the twelfth dorsal vertebra, whilst the limits of the iliacus are outlined by those of the fossa. Between these two muscles lies the anterior crural nerve. This is an item worth remembering, as we shall see further on.

As the tendon of the iliacus and psoas passes out of the pelvis into the thigh to reach its final attachment—the lesser trochanter of the femur—it glides over a large serous bursa which often communicates with the joint and which may sometimes become inflamed and may give rise to symptoms that may lead to serious diagnostic errors.

It should be remembered that the psoas contains within its substance the branches of the lumbar plexus, and the secondary branches which spring from them. This anatomical fact is of some value from the diagnostic standpoint for it is manifest that if there are symptoms (in cases of doubtful iliac abscess) which point distinctly to irritation or compression of these nerves, the case must be one of sub-aponeurotic phlegmon and not a supra aponeurotic abscess, for above the iliac fascia there are no nerves. Such symptoms as commonly seen in the infra-aponeurotic phlegmon are extreme retraction of the thigh with a *contracture* of the flexors, violent neuralgic pains which may shoot down the iliac crest to the nates, if the abscess is high up; or descend to the genitals, groin, down the thigh to the toe, or in other directions according to the nerve specially affected. Another symptom which has occasionally been noticed, is atrophy of the muscles of the thigh, and especially of the quadriceps extensor cruris. I have observed this symptom in the case of an elderly gentleman who suffered a long time with an iliac phlegmon of the right fossa that was finally opened by incision in the outer half of Scarpa's triangle. In this case there was a great deal of exudation in the

iliac fossa, and I have no doubt that the marked atrophy and pains he suffered in the affected limb were attributable to irritation and pressure on the nerves from the exudate.

It is well known that the muscular fibres which compose the psoas, are exceedingly fine and delicate, and it is owing to this anatomical peculiarity that they are particularly liable to rupture and especially prone to inflammation.

When psoitis occurs, the inflammatory process runs quickly into suppuration. In such cases rapid disintegration of the muscle takes place, which fills the ilio-psoas sheath with a peculiar, reddish grumous pus, in the midst of which lie isolated and denuded the nerves of the plexus.

It should be borne in mind that violent over action of the psoas is not an infrequent cause of rupture of the fibres of this muscle and in consequence, a frequent cause of sub-aponeurotic suppuration. Dancing, fencing and certain gymnastic exercises are very often the causes of acute psoitis and an inquiry as to the habits and exercises of the patient should never be omitted in cases where such suppuration is suspected. It is well known, as Harrison Allen (*System of Human Anatomy*) remarks, that after death, the fibres of the psoas are often lacerated by rough handling of the subject. It is possible, therefore, that the muscle may be lacerated by a direct blow even when at rest. Petrequin reports a case in which simple over action of the psoas from excessive dancing was the presumed cause of an acute abscess.

The writer has been informed that a prominent homœopathic practitioner, who is still well remembered in the Creole circles of this city, died in consequence of a very extensive sub-aponeurotic phlegmon which originated in a psoitis due to a laceration of the psoas, consequent upon violent action of this muscle in fencing. In this case, the patient felt a sudden twitch and sharp pain in the groin just as he plunged, and from that day he commenced to suffer with the suppurative inflammation that culminated in his death.

In a case observed by M. Perrochaud (*Bulletin de la*

Société Anatomique de Paris, 1837, p. 207), an acute abscess was formed altogether at the expense of the psoas, iliacus, and quadratus lumborum muscles, which were in a great measure liquefied. What remained of these muscles was transformed into a whitish, fibrous substance, which presented at some points a remarkable density.

Inflammation of the ilio-psoas muscle usually imparts to the lower extremity a peculiar posture. Almost all authorities are agreed on the point that in psoitis the thigh is thrown into a state of “*flexion, abduction and external rotation.*” P. Tillaux,* J. Pearce Gould.†

This posture, if a constant accompaniment of psoitic inflammation, should prove a valuable aid in the diagnosis of infra-aponeurotic abscesses. Such a position would correspond to the attitude of the lower limb that would result from a contraction of the psoas. It appears that in the supra-aponeurotic abscesses—at least such was the case in three patients that recently came under my observation, and in whom I had no reason to suspect a real myositic psoitis—the position is changed to the reverse, i. e., flexion, adduction and internal rotation. This was especially marked in the case of a little country girl who was brought to me from Plaquemines parish, and whose case was singularly obscured as regards the diagnosis of iliac phlegmon, by the fact that the patient complained only of the serious inconvenience and ungainly appearance given her by the abnormal attitude of her right thigh and leg. In this very interesting case, the thigh had in the course of three weeks become extremely *flexed, adducted and inwardly* rotated by a rigid and unyielding *contracture* of the adductor group of muscles. The attitude of this limb on casual inspection appeared more like the third stage of coxalgia than any other condition excepting, perhaps, a dislocation backwards on the dorsum ilii.

I introduce here a cut from a sketch of the patient, which

* Op. Citat.

† Surgical Diagnosis. H. C. Lea's Son & Co., Philadelphia, 1884.

represents the attitude of the limb, and which, I hope, will draw the attention of my readers to the study of posture as a diagnostic sign in iliac abscess :

Fig. 5.



Fig. 5 illustrates attitude of limb in flexion, adduction and internal rotation, in subperitoneal iliac phlegmon as observed in a patient who recently came under the observation of the author.

In this case, it was only after the most careful exploration of the right iliac region, under complete anæsthesia, that I detected after repeated explorations with the hypodermatic needle a purulent focus in the fossa, above Poupart's ligament. The pus that was removed in the exploration was creamy, laudable and inodorous.

This abscess was subsequently, (4 days after), opened freely by an incision above Poupart's ligament, and in less than a month, the remarkably deformity of the lower limb had disappeared.

In this case the pus did not partake of the character of psoitic pus.

From this and two other observations that I cannot detail for want of space, I would conclude that in subperitoneal or in simple perisoitic phlegmons the limb is thrown into the *flexed, adducted, and inwardly rotated* attitude.

I have not had the opportunity of examining true psoas abscess whether acute or chronic and consequently cannot express any opinions based upon personal observation, but if we are to accept the statements of all the best authorities we must conclude that real psoas abscess is characterized by a peculiar attitude and that this is the reverse of that just described.

In the position noticed in my patients, the thigh was always flexed and adducted, and in one instance absolutely fixed by the *contracture* of the adductors. In this position the thigh is immobilized, but without any participation of the ilio-psoas, for in this position, we would suppose this muscle to be in a state of relaxation.

In the classical psoitic posture, with the limb flexed, abducted and externally rotated, we must suppose the ilio-psoas to be in a state of contraction or of contracture.*

But why should this difference exist? This is certainly difficult to answer but I think the query can be fairly met by supposing that in the case of subperitoneal abscesses, as for instance in the perityphlitic phlegmons, or in the inflammations which involve only the connective tissue under the iliac fascia, and not the muscular fibres, the irritation about the psoas is simply sufficient to excite a reflex contraction of the adductors with fixation of the thigh in order to attain nature's great object—rest to the inflamed parts—by immobilizing the limb and relaxing the psoas. When the psoas itself inflames it is probably that a perineuritis is set up in the nervous filaments which supply this

*Contracture of the psoas may be excited by the presence of pus either within or alongside of the muscle, (Harrison Allen.) In perinephritic abscess the value of this sign was determined by Bowditch, (*Boston Med. and Surg. Journal*, May 4, 1868); while Benjamin Lee (Trans. Med. Society, Penna.), 1876, 539, invited attention to it in psoas abscess pointing at the groin. But this subject has not been sufficiently investigated, particularly as to the attitude.

muscle, and that a condition of spastic rigidity is thereby set up which explains the *abducted* attitude of the limb. In the latter case we must suppose that the irritation is too intense and too direct for Nature to accomplish her object.

Of course this is mere theory, but it is hoped that the attention of careful clinical observers will be more largely directed towards this subject and that a stable and correct explanation of the postural phenomena may be given by more extensive and careful research.

From the details above given, we can now understand that the inflammations of the iliac fossa may develop in, and be confined to two very distinct spaces. The first of these would be in the subperitoneal areolar tissue and the second in the sheath of psoas and iliacus or in the areolar space immediately under the iliac fascia. Abscess in the first situation is known as the true phlegmon of the iliac fossa by French authors and usually corresponds with the more familiar "perityphlitic" abscess of English and American writers. Abscess in the second situation is known as the subaponeurotic phlegmons of French and other continental writers or the acute psoas abscess of English speaking writers.

The pathogeny, symptoms, course, prognosis and treatment of these two affections are different and can be clinically distinguished by a careful examination of the patient, particularly if the case is seen at an early period in the career of the disease.

We must admit, however, with Malgaigne, Dupuytren and Tillaux, that pus does not here always respect aponeurotic barriers any more than it does in other localities where, in spite of the most perfect anatomical limitations, it will follow erratic paths that have not been traced by nature; but it must be admitted that as a rule the iliac fascia acts as a partition which effectively separates these two forms of iliac suppuration.

Cold abscesses perhaps demonstrate this truth better than do the acute phlegmons; these chronic purulent forma-

tions, as is well known, result almost invariably from vertebral caries ; they descend along the sheath of the psoas, and following the course of this muscle point below Poupart's ligament and on a level with the lesser trochanter. In such cases all the tissues above the fascia iliaca are as a rule thoroughly respected, and remain entirely unaffected, notwithstanding the fact that all the psoas and iliac muscles and other underlying parts may be entirely disorganized by destructive inflammatory action.

The pointing of the pus below Poupart's ligament would be the normal anatomical course taken by such abscesses (subaponeurotic) but pus if allowed to remain unmolested or if it meets any accidental impediments in its downward march towards the thigh, will carve for itself certain irregular by paths that are almost startling by their incomprehensibly circuitous route. Grissolle, Dupuytren and Velpeau were among the first to trace with precision and to make careful anatomical inquiries into these devious routes, and it would be interesting to recall and examine again with these writers some remarkable illustrations of the burrowing capacity of pus when originating in the iliac fossa or its neighborhood, especially since many of the teachings which have resulted from the admirable and conscientious investigations of our anatomical ancestors appear to have been entirely relegated to the chronicles of the past.

But outside of mentioning and referring the reader to the remarkable cases described by the above mentioned writers and by Vigla, Monnot, Burne, Corbin, Husson and Dancé and others that will be found in many special monographs, such as in Monneret and Fleury's admirable summary of this subject, I will leave this anatomical part of my paper to present to the reader what is doubtless more interesting and of practical utility, — the modern surgical treatment of acute iliac phlegmons.

(TO BE CONTINUED.)

Malarial Hæmaturia.*

By R. H. DAY, M. D., Baton Rouge, La.

The literature of *Hemorrhagic Malarial Fever* is very meagre and dates back to only a few years in the past. Our old authors do not mention it, if I recollect rightly, and even our recent standard authors are nearly, if not quite, as silent; or if they speak of it at all, it is so indirectly and cursorily as to convey but little information on the subject. Why this is so, it is difficult to give a good reason, unless, perhaps, it is that our standard medical writers, ancient and modern, were city practitioners of medicine and acquired their experience and information from those fields of labor only, where they had but few, if any, opportunities afforded for its personal observation; and hence, did not, and could not write of a disease they had not seen and knew nothing about. Nevertheless, whatever may have hindered, it is a fact, that nothing is known of this disease, except what has been written about it of late years; for it is only in recent years that medical men have begun to observe it closely, to write up its symptoms, to discuss its history and nature and its correct treatment. And especially is its investigation upon a scientific basis of recent date.

Those who first observed and wrote of this disease were men whose labors were confined to rural and insalubrious localities, where facilities for scientific investigations were entirely wanting, and were obliged to depend solely upon clinical observation and experience for the information or knowledge they collected; and hence, could merely describe its symptoms and the remedies used in its treatment; while those who have more recently observed and thought more deeply about it, have so differed as to its essential nature and plans of treatment, that the profession up to this day are divided in opinion upon these points.

I may not be more fortunate in my efforts to throw light

*Read before the La. State Medical Society, April, 1886.

upon this subject than others have been, but I may hope, from my long experience and attentive observation, if I can express my thoughts clearly, to help to direct medical thought to correct conclusions and dispel much of the ambiguity that now attaches to its literature.

Hæmorrhagic malarial fever, or malarial hæmaturia, known by the laity as "*swamp fever*," and so called by some of the faculty, to designate its prevalence in swampy localities, is a disease, according to my observation, more or less prevalent in all river deltas, low lying, swampy districts and contiguous neighborhoods in every part of the United States, between 42° north latitude and the Gulf of Mexico during the late summer and fall months.

Notwithstanding it is thought by many to be a disease of recent development, having it is said, first been observed in Georgia, in 1846 (Dr. I. J. Newton, Jr., in a paper read before the Louisiana State Medical Society in New Orleans, in April, 1885). I here emphatically state, repeating what I said on the occasion referred to, that in 1837 up to 1843, I encountered this disease every year in the bottom lands of the Wabash and White rivers in the States of Illinois and Indiana, and from 1843 to 1846 in the White river bottoms in the State of Arkansas, and that the oldest citizens of those places at that time, recognized this disease and spoke of it as their ancient and common enemy in those highly malarious localities.

The idea then, that it is a disease of recent origin would seem to be erroneous in the light of this experience, and clearly irrational, if we are correct in supposing that the same causes and conditions which now engender it have existed in all past time, and must have exercised the same pathogenic efficiency then, as now. That it is a miasmatic disease, caused by malaria, whatever that undefined and as yet undiscovered fever poison may be, there can hardly be a reasonable doubt. Its occurrence in the same localities, at the same season of the year; its striking resemblance and strongly marked physiognomy to the malarious bilious diseases endemic in those districts, and its general

amenability to the same therapeutic agents, reveal its kinship, stamp it as allied to and of common origin and nature with them. We then, unhesitatingly class it, as an hepatic-renal affection of malarial origin, depending upon malarial toxæmia, for its existence and striking morbid manifestations.

Like all other diseases of which we have any knowledge, it is marked in its attacks and progress by various shades of intensity; some cases being comparatively mild and even intermittent in form, while others are deeply virulent, pernicious and rapidly fatal in character. In the milder cases, the systemic disturbances are less threatening and the local symptoms less aggravated; the blood that is passed in the urine or from the bowels is not decomposed and disintegrated as in the violent and acute cases. In the former, the red-blood corpuscles are readily detected in the urine by the microscope; in the latter, the urine contains only the debris of decomposed and disintegrated red-blood globules, tube casts, &c. The former is fairly illustrated in a case reported by the late Dr. S. M. Bemiss, as "*Malarial Hæmaturia*" in the "*System of Medicine*," by Pepper, in his article on "*Malarial Fever*." He says, vol. 1st, page 611: "C. E., aged 26 years, was admitted to Ward 19, Charity Hospital, Nov. 18, 1872. Has been in America more than a year, and for several months had been working in an intensely malarial district preparing the bed of a railroad. Has had malarial diseases for several months, and suffered a severe chill the day before admission. A few hours after admission, temperature 103°, pulse 120, respirations 29; effusions in both thoracic cavities and very marked in abdominal cavity; lower lobe of the right lung œdematous, legs anasarca, pitting greatly on pressure, with several ulcers of long standing; urine loaded with albumen, and showing under the microscope *abundant blood-corpuscles* (italics mine); considerable jaundice present, which the patient states to have occurred suddenly. Ordered 5 grains each of calomel and bi-carb. sodium, to be followed with 10 grains quinine every two hours. November 22d—Patient has taken and retained one

hundred and eight grains of quinine. Secretion of urine abundant; no blood present and only a trace of albumen. Ordered 20 drops of tinct. chloride of iron three times daily. Discharged, cured, December 12th."

This case, reported by Dr. Bemiss as malarial hæmaturia, although complicated with serous effusion in both thoracic and abdominal cavities, was obviously only a specimen of the milder form of the disease, demonstrated by the entire absence of nausea, the presence of red blood-corpuscles in the urine, and the ready yielding to a dose of calomel and the liberal use of quinine.

Dr. George Harley, in his great book on the "Diseases of the Liver" (and I add, the most practical and scientific work on the subject I have ever read), gives the history and symptoms of two cases of this disease under the title of "Paroxysmal Hepatic Hæmaturia," less complicated than the one related by Dr. Bemiss, but possessing two remarkable peculiarities—that of a decided intermittence, with the urine normal or nearly so during the apyrexia, while during the paroxysm the urine was loaded with blood, decomposed and disintegrated, with scarcely a single entire red blood-corpuscle to be seen under the microscope. Dr. Harley says: "The most remarkable features of this affection consist in the strange fact that, although the abnormal urine passed by the patient during the attacks contains the whole of the ingredients of the red blood-corpuscles, scarcely a single entire blood-cell is to be detected in it by the microscope, their debris being at the same time visible in every direction."

That these cases related by Dr. Harley, were also of the milder type, is very clearly shown by the comparatively mild constitutional symptoms and the readiness with which they yielded to calomel and quinine, the same as in the case of Dr. Bemiss. In the graver forms of this terrible disease, the symptoms are greatly aggravated, much more violent and of the gravest character. From the initial chill, there is distressing nausea and vomiting, small, frequent and feeble pulse, great prostration and the emission of

dark, bloody looking urine, presenting to the naked eye a broken down condition and decomposed aspect, loaded with small black granular bodies and tube casts, and the debris of decomposed and disintegrated red blood globules (with no entire blood-cell visible under the microscope) and pinched sunken features, all indicative of profound constitutional contamination. I am sorry that I have not Dr. Joseph Jones' description at hand, but it gives me pleasure to be able to give what Dr. Jones says, through Dr. Harley, who writes: "Dr. Jones of Louisiana, has called attention to the fact, that in his district, there is a very marked acute form of this hepato-renal malarial affection, which he says is characterized by well marked jaundice, as well as hæmaturia. In some cases immense quantities of green biliary fluid, or liquid tinged with bile are vomited, and the patients die in a state of collapse, with blue mottled purplish extremities, and sunken pinched features. As a general rule, suppression of the function of the kidneys is a fatal sign, and as in yellow fever, is sometimes attended with convulsions, coma and delirium. And while some of the symptoms as the nausea, incessant vomiting (in extreme cases black vomit), deep jaundice and the impeded capillary circulation, resemble those of yellow fever, yet there are marked differences between this disease and yellow fever; the pathological changes observed after death, are characteristic of paroxysmal malarial fever, and not yellow fever" His graphic and truthful description of this acute and violent type of malarial hæmaturia is significant of its typical character, clearly distinguishing it from the milder forms spoken of, and accords with the experience of all careful medical observers who have become familiar with it by personal observation.

It would be tedious to particularize cases, and would swell this paper to undue dimensions to do so, but I would refer my readers to an article on this disease by Dr. Mc Hatton of Georgia, and published in the *Atlanta Medical and Surgical Journal*, October number, 1884, and to the valuable collection of cases by Dr. Cochrane of Mobile,

Ala., and reported in the *Journal of the American Medical Association*, verified by the analyses of the urines by Dr. Geo. Sternberg of the United States Army, and Prof. Tyson of Philadelphia.

It will be observed by reference to these papers and cases, that the one invariable and uniform symptom marking and distinguishing this type of the disease was the bloody urine, destitute of red blood corpuscles under the microscope, and presenting a decomposed and disintegrated condition of the red blood globules.

I deem it of very great clinical and therapeutic importance, that the differential diagnoses between this malignant type and the milder forms of the disease should be clearly understood and recognized by the medical profession, in order to adopt the best and most rational treatment, suited to its varying conditions and manifestations, and to avoid that confusion and ambiguity of statement so conspicuous in many of the contributions to the literature of this subject.

Its etiology. I suppose, as already stated, there can be no doubt of its malarial origin; and yet it is only proper that I should state, that the eminent medical scientist and practitioner, Dr. Harley, records a case, that would seem to indicate that the disease may be engendered by other causes than malaria. Dr. Harley in his work on the "Diseases of the Liver" pages 246-248, records in substance the following case: The subject, being by trade a blacksmith, of a stout and robust constitution, had never been out of London, nor subject at any time, as far as could be known, to any miasma. When first seen by Dr. Harley, December 24th, 1864, he had a dark, sallow, careworn complexion, with evidence of hepatic trouble, and was paroxysmally passing bloody urine corresponding with his chilly or cold sensation. He was treated with calomel and quinine, and speedily made a perfect recovery. Notwithstanding this apparently exceptional case, I believe it is thought by all medical men who are conversant with the disease, to be the direct result of malarial poisoning; and so

far as I am capable of judging, the evidences leading to this opinion are clear and beyond all question, and according to my observation, the type or violence of the disease bears a direct ratio to the intensity of the poison or the duration to its exposure. I have never seen a case of serious or grave import, but in connection with indubitable proof of chronic and intense malarial toxæmia, not until such destructive changes had been wrought in the blood by this subtle poison, as to render it unfit and incapable of longer continuing the vital functions.

How malaria operates on the human organism to effect this destructive change of the blood is a matter of conjecture; yet some experiments of Dr. Harley seem to be giving to physiological and pathological speculation the character of scientific certainty. After giving with great minuteness the chemical characteristics of the urine in malarial hæmaturia and its several constituents, he says: "I was particularly struck with the resemblance this urine bore, to the urine I have occasionally seen dogs pass after I had injected either bile or bile acids in toxic doses under the skin of their backs. Their urine not only occasionally presented exactly the same color, but contained lots of granular tube casts, and still further resembled this human urine in being coagulable by heat and nitric acid. All this leads me to the conclusion that the condition of the urine in cases of paroxysmal hepatic albuminuria is in great part due to disorder of the biliary secretion brought about by the direct result of malaria acting upon the liver." Again he says: "As bile acids have a powerful disintegrating effect on the cell-walls of the red-blood corpuscles, it has once or twice crossed my mind, that this peculiar condition of the urine in paroxysmal hepatic hæmaturia may possibly be due to an abnormal quantity of bile acids in the circulation." If then the bile acids abnormally present in the blood, do have "a powerful disintegrating effect on the cell-walls of the red-blood corpuscles" as stated by Dr. Harley, we have furnished us a scientific and chemical cause for the decomposition and disintegration of the blood, and the reason why

no entire red-blood corpuscles are ever detected in the urine of malignant types of malarial hæmaturia. "In the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, for August, 1885, under the heading. "A clinical study of the liver, as viewed through the urine" is quite a well written article, commenting upon the researches and experiments of Dr. Oliver, an abstract of which is published in that number of the JOURNAL. It will there be seen that Dr. Oliver, ascribes to the bile acids or their salts in abnormal quantities in the blood a hæmolytic property, corroborating the views advanced by Dr. Harley, and giving force to the statements herein made. And the writer very truly observed, "their (bile acids) enormous increase in malarial hæmaturia, also explains the presence of bloody urine, and suggests the point of attack in the treatment of the disease."

That there is a destruction of the red blood-corpuscles under the action of malarial poison does not seem to be a matter of conjecture, but a pathological fact, demonstrated by rigid microscopical examination by our best and most experienced pathologists and microscopists—among them I may name with some degree of pride Dr. Joseph Jones, of New Orleans, whose skill and competency and indefatigable scientific researches are recognized everywhere among medical scientists, says in his *Medical and Surgical Memoirs*, vol. 1st, p. 485: "The colored blood-corpuscles are more uniformly and rapidly destroyed in severe cases of malarial fever than in any other disease, with the exception perhaps of pyæmia." But it is to be noted, that the destruction of the red blood-corpuscles is the direct result of the action of the bile acids upon the blood; and it is pertinent to inquire, whence the presence of the bile acids in abnormal quantities in the blood? They are not normally there, and must have been derived from some potent factor.

It is unfortunate that, up to this day, notwithstanding the claims of Drs. Salisbury, Klebs, Crudelli and others to the discovery, no one has been able to establish the identity, the nature, physical or chemical, or bacteriological charac-

ter of the poison, so that its properties could be analyzed, and its specific toxicological action upon the human organism scientifically tested and demonstrated; but clinically, for ages upon ages, certain well-defined abnormal changes and diseased conditions in the human organism have been seen uniformly to be produced by a residence in or exposure for any lengthened period to marshy or what is by general consensus of medical opinion regarded as malarious localities. Among these abnormal changes, besides the family of paludal fevers, dysentery, etc., which are so prevalent in such districts, we have also the disease now under consideration, which appears to be the result of the chronic or protracted action of the miasma poison, and a careful clinical observation of the symptoms and abnormal changes in the human organism in their order of sequence, would seem to point to a congestion of the liver as the primary effect of this intangible poison, constituting the initial link in the chain of morbid processes afterwards developed. From this hepatic congestion, and the probable presence of the malarial poison in the circulation, still further paralyzing the nervous and vascular tone of the hepatic functions, its biliary secretion is arrested, more or less completely, and the elements that ought to have been eliminated, are retained in the blood, and among these, the bile acids—which at once begin their work of destruction, upon the red-blood corpuscles. As a result of the passive congestion of the chylopoietic viscera, enlargement and induration of the liver and spleen ensue, while from the destructive changes in the hæmoglobin and the red-blood cell-walls, we have jaundice of all the tissues and well marked progressive anæmia. From the non-secretion and elimination of the bile and bile acids, and their consequent retention in the blood, daily and hourly in transit through the kidneys, there develops renal congestion, resulting in grave lesions in those important organs, and finally a break down, culminating in the discharge, through the kidneys, of the decomposed and disintegrated blood, epithelium tube casts, etc. This, it appears to me, is a rational and correct ex-

planation of the pathological and anomalous conditions, and their order of sequence, which we witness in the clinical history of these cases, and fairly and logically deduced to arise from chronic malarial poisoning.

It is very important that all of these abnormal processes should be clearly recognized and appreciated, in order to be able to institute a rational and scientific treatment; for it is obvious that the chief obstacle heretofore in the way of a correct treatment, was in the fact of a misconception or a misty apprehension of these lesions.

Treatment. In the milder forms of the disease, this is simple, easy and succesful, as already illustrated in the cited cases of Doctors Bemiss and Harley, a few doses of calomel, followed with quinine, being all that was necessary. When, however, the type is violent and malignant, we will have ample scope for the exercise of our deepest thought and grandest skill. In these malignant cases the patient will be troubled from the onset with distressing nausea, frequent retching and vomiting of a greenish fluid with mucous flocculi, the pulse will be small, frequent and feeble, the skin shriveled and surface cool or cold, with shrunk and pinched features, and the frequent emission of dark bloody urine, presenting the appearance of disintegrated and broken down red-blood cells, loaded with the bile pigments in the form of small black granules. In all such cases the urine when carefully examined with the microscope will be found almost, if not entirely, without a single red-blood corpuscle. These are the severer types of this disease, most malignant in character, that claim our attention. When called to a case of this type we should promptly apply dry cups to the epigastrium and right hypochondrium, with a view to derive the blood from the congested vessels of the stomach and liver to the cutaneous surface, and follow the cups by a blistering plaster over the same regions to maintain the circulation in the skin and to aid in stimulating the liver to its secretory action. Give hypodermic injections of morphia to quiet nervous irritation and to compose the stomach to rest. Give to adults 5

grains of calomel with 3 grains of bi-carb. soda every 3 to 4 hours till the alvine discharges show the presence of bile, and the liver again resumes its work; after 3 or 4 doses have been given, if the bowels have not been moved, give enemas of plain warm water, or containing a dessert spoonful of comphorated oil, or a small teaspoon-full of table salt. If the stomach should still be troubled with nausea or a tendency that way, give an emulsion, each dose consisting of 1 drop creosote, 1-12 to $\frac{1}{8}$ sulph. morphia, 3 grs. bi-carb. sod., and a drachm aqua menthæ, and repeat every 2 to 3 hours as long as required. Frictions over the back with dry mustard and pulv. capsicum, as also to the arms and legs, should be assiduously applied, supplemented with dry heat to the body. As soon as the calomel has produced a well marked bilious fecal discharge, or reaction is manifest, no time should be lost in pushing quinine, but not in doses too large. It is all a mistake and highly mischievous to give very large doses of quinine, except in the congestive pernicious forms of intermittent fever, where it is an absolute necessity to prevent the recurrence of another paroxysm. But in this disease, with this type, 5 to 10 grs. every 3 to 5 hours, till there is slight manifestation of cinchonism, and then at longer intervals, so as to keep up a moderate impression, for the purpose of antagonizing the malarial poison and giving tone to the nervous centres.

The quinine, if the stomach will not tolerate it, should be given hypodermatically, which is the preferable plan, on account of the danger of again setting up nausea and vomiting. As soon as the function of the liver is measurably or appreciably established and enough quinine has been introduced into the system to make its physiological effects manifest, commence to give the muriated tinct. of iron in full doses, 20 to 30 drops every 4 hours, with a view of toning up the debilitated blood vessels, reconstructing and vitalizing the hæmoglobin and the red-blood corpuscles, and thus restoring the normal and vital condition of the blood. If the kidneys should fail to excrete urine, use frequent frictions over the lumbar region with warm whisky, spts. turpentine and tinct. digitalis,

which will often be found efficient in stimulating the kidneys to activity. Sometimes the administration of spts. turpentine in 3 to 5 drop doses every 3 to 5 hours either in an emulsion or upon loaf sugar may be needed to assist the frictions in hastening the action of the kidneys; indeed it will always be found useful both in stimulating the kidneys and acting favorably upon the mucous membranes, both of the stomach and bowels and of the urinary passages.

I have now given in detail my convictions of the etiology and essential nature of this disease, together with my plan of treatment and the medicines used, which I would recommend as being fairly successful—certainly as much so, if not more, than under other and diverse plans which I have seen others practice—and withal it is so rational and fulfills so completely every pathological condition and indication of treatment, that even when not successful, for some must of necessity die, that the physician's mind is left with the composing reflection, that he could have done nothing more to turn away the shafts of death and bring his patient back to health again.

I have concluded my paper without any reference to the dietary. Every physician will know that with such a broken down state of the blood, and such a debilitated and impoverished condition of the digestive and assimilating organs, that the necessity for feeding is great, but that only the most nutritious and most easily digested and assimilable foods should be allowed, and they given in small portions, but often repeated, increasing the quantity, *pari passu*, with the improving strength.

As soon as the patient will bear moving, a dry bracing atmosphere and a healthy location should be sought, and the patient advised not to return to his malarious home, for we should never forget the pertinacity of this poison. Says Dr. Harley, "In fact, the poison of the worst forms of malaria, seems to saturate the tissues and adhere to the constitution with as much tenacity as the poison of syphilis; for there is no period of an individual's life, after he has once had a bad attack of malaria, at which he may be said to have completely gotten over it."

HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

TWO CASES OF EXTRA-UTERINE PREGNANCY.* ✓

By THOS. J. WOOLF, M. D., New Iberia, La.

At the last meeting of the "Attakapas Medical Association" I made an incomplete verbal report of a case of *extra-uterine* pregnancy and promised to have more to say upon the subject.

Since that time another one of these interesting cases has fallen into my hands, and at the suggestion of several medical gentlemen I have concluded to make a short report of the *two* to this society, with such comments as seem to me appropriate.

The first case that came under my observation was during the month of May, 1884. Martha Watkins, colored, married, age 28 years, primipara, ceased to menstruate in February, 1883. The abdomen commenced to enlarge, the usual symptoms of pregnancy followed and she naturally expected confinement at the end of the term. But in September, preceding the time of expected confinement, she noticed a "*little show*" for one or two days and became fearful of a premature delivery. This passed off however, and she enjoyed very good health until the middle of October, when pains commenced. She supposed they would soon terminate with the expulsion of a babe. In this she was doomed to disappointment, for these pains did not cease during the months of October, November and December. Then it was she began to lose flesh, and on 29th January was attacked suddenly with violent nausea, vomiting everything in the way of nourishment. On February 12th, she sought medical aid, but from some unknown

*Read before the La. State Medical Society, April, 1886.

cause abandoned a competent surgeon and placed herself in the hands of an old negro quack, formerly of this place,—since deceased. She was here more than a month undergoing, God only knows what, when my father-in-law, Dr. Alfred Duperier, was called in. He at once recognized the true condition as nature had already sought an opening at the umbilicus. This poor woman had been reduced to a mere skeleton. There was no time to wait and without unnecessary delay *laparotomy* (?) was decided upon (I am not sure that this term is correct as there was complete adhesion to the abdominal wall). In the presence and with the assistance of my confreres, Drs. Duperier, Blanchet, Hebert and Edwards, I proceeded to operate. After fully satisfying myself that perfect adhesion of the sac to the abdominal wall had taken place, the opening was made sufficiently large to introduce the hand. There was no hæmorrhage of consequence. The fœtus had undergone a sort of stinking cheesy degeneration, and was sufficiently reduced in size to be extracted entire, with the exception of a few tarsal or carpal bones. I preserved the specimen and donated it to the “Attakapas Medical Association.”

I need hardly say that the woman died. Death followed in less than twelve hours after operation. The opportunity for a *post mortem* examination was denied me, though there was no difficulty in tracing the primary seat at or near to the right ovary at the time of operation. Does the history of this case throw any light upon that *questio vexata*—how is labor brought about? Labor pains were brought about at the usual time, though there was nothing in the body of the womb to excite it to contraction. This is a question of physiological interest.

CASE No. 2. Mary Robertson, colored, married, multipara, aged 31 years. Noticed this last abnormal pregnancy in March, 1883. Menses ceased for three months, when they reappeared as a scanty sanguineous discharge, unaccompanied by pain, and continued to appear at irregular intervals until May, 1884. She noticed the “lump” in her right side, but had given up all idea that she was

pregnant. She, likewise, had treatment from the same old quack until September 15, 1884. I was then called in and diagnosed pelvic cellulitis, never once suspecting that I had another case of extra-uterine pregnancy to deal with. After a due course of temporizing I concluded to evacuate per vaginam, what I considered an abscess. This was followed by an enormous flow of purulent stuff and total cessation of pain. There was no more fever, my patient's appetite returned, and I congratulated myself upon the happy termination of such a serious case. Not long after this the husband of the woman brought to my office a little bone (afterwards recognized as a rib) and said it was found in one of her napkins. I viewed it with a critic's eye and supposed it a remnant left behind by her voodoo doctor. However, this was not the case for another long bone, evidently the humerus, was found. This opened my eyes, as it were, and a thorough examination per vaginam and per rectum satisfied me. The opening through the vagina had closed, at least I could not find it. Now, here was presented a case favorable for operation, the general health of the patient having greatly improved. I asked myself the question, shall I interfere or trust to the *vis medicatrix naturæ*? Experience in the former case had demonstrated the dangers of delay as well as the dangers of the operation. While thus undecided what course to pursue I consulted by letter with an ever-willing friend whose reply determined me to proceed cautiously. My intention was to make an opening through the vagina and remove by piece-meal but for good reasons this was abandoned. Sudden difficulty in voiding urine directed my attention to the bladder and upon introducing the catheter I felt a piece of bone and upon further examination I found many bones in the bladder. Up to this time there had been *no vesical irritation*. Remembering the dilatibility of the urethra I was not long in introducing a small speculum. This determined me to utilize that channel and I am glad to say my persistent efforts were crowned with success. Temporary paralysis of the sphincter was the source of some

inconvenience for five or six weeks but this has disappeared and my patient is as well as ever. The flat bones were easily crushed. The others gave no great trouble. I used my index finger with more ease to myself and patient, than the forceps.

I lay no claim to originality in the conduct of either of these cases and perhaps subject myself unnecessarily to criticism but the "unvarnished tale is told." Whether well or not I leave you to decide.

CASE OF OSTEO-SARCOMA OF THE INFERIOR MAXILLA;
EXCISION OF THE GROWTH—WEIGHT $5\frac{3}{4}$ POUNDS;
SUBSEQUENT OEDEMA OF THE GLOTTIS AND
LARYNGOTOMY; DEATH ON THE SIXTH
DAY OF PULMONARY THROMBOSIS.

By A. B. MILES, M.D.

On March 31, 1886, a lean-looking, but well-grown, colored boy, aged seventeen years, entered the Charity Hospital, presenting an osteo-sarcoma of the inferior maxilla. His general health seemed to be in nowise impaired by the presence of the tumor; and, up to the time of his coming to the hospital, he had done the work of a farm laborer.

The tumor appeared in March, 1883, as a hard, painless lump at the symphysis; and, in three years, attained the remarkable size shown in the accompanying plates. For two years and nine months, it grew gradually; then, for three months prior to admission, it increased in size and rapidly. Upon entering the hospital, the following measurements were recorded: Occipito-frontal circumference of the boy's head, 22 inches; circumference of the tumor, 19 inches; measurements from the lobe of one ear to the opposite, 21 inches. The growth involved the maxilla from a point, midway between the symphysis and the right ramus, to the articulation of the left side. Its encroachments upon surrounding structures may be inferred from the measurements given and the extent of the jaw involved. It bore down in front upon the thyroid cartilage, impeding its movements in deglutition, and, externally, pressed quite out of their natural course the jugular and carotid vessels. The



FIG. I.

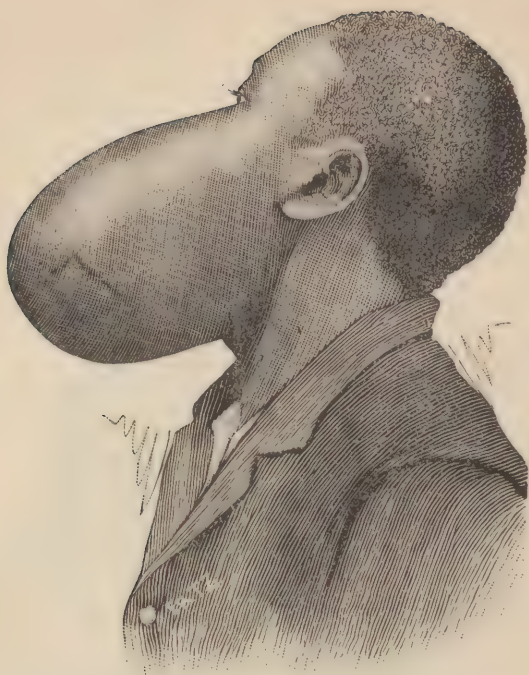


FIG. 2.

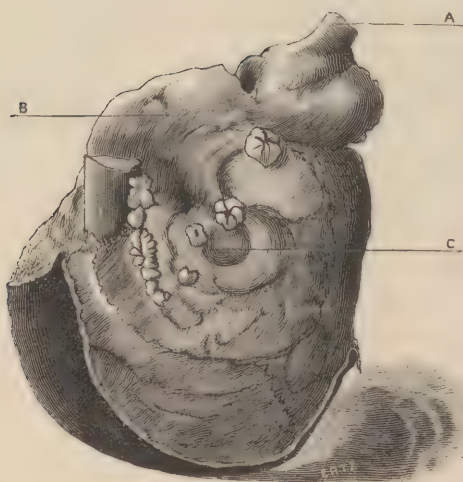


FIG. 3.

enlarged ramus filled up the space between the mastoid process and the posterior border of the superior maxilla; and a lobulated projection from its inner surface pressed upon the pharynx. The malar bone and superior maxilla were both deformed by pressure. The former had been lifted out of its natural relations, while the pressure against superior maxilla had been so great as to displace inward the the alveolar process and molar teeth, and crumple the hard palate. The mass so nearly filled the mouth as to interfere with mastication and deglutition. Figs 1 and 2 represent the appearance of the tumor from two points of view.

The tumor was entirely painless. It was simply an inconvenience, because of its size and weight, and its interference with surrounding structures. It had contracted no adhesions by infiltration or inflammation. Within the limits restricted by the size of the growth, the jaw was freely movable. Some of the adjacent lymphatic glands were enlarged, but the enlargement was simple and due to irritation from pressure. It is not in the nature of these osteosarcomatous growths to infiltrate. There were no evidences of constitutional infection.

In view of the boy's general good health, the freedom of the tumor from attachments to hinder its removal, and the strong probability of a permanently successful result, should the patient withstand the immediate dangers of the operation, it was determined to excise that part of the maxilla involved in the neoplastic growth.

The operation was performed Tuesday afternoon, April 6, in the presence of Drs. Bickham, Jamison, Archinard, others, and the resident staff of the Hospital; and with the assistance of Drs. Chassaignac and Parham, to whom the writer feels specially indebted.

The following are the steps of the operation described briefly: The patient was etherized, but in the latter part of the operation, when it was impracticable to prevent the risk of some blood entering the windpipe, the anæsthesia was not complete. The tongue was threaded with a silver wire and entrusted to an assistant. The first incision ran

along the anterior aspect of the tumor, extending from the right angle of the jaw to a point opposite the lobe of the left ear. The second incision was carried along the under surface of the tumor, connecting with the first so as to leave an eclipse of redundant skin attached, and locate the line of union of the flaps about where the inferior border of the maxilla would be. The facial arteries were ligated before section, so the larger veins were clamped before division; and the quantity of blood lost was inconsiderable. The under-flap was dissected first, then the upper, laying the cavity of the mouth widely open. The body of the jaw was sawed in front of the right ramus, and while an assistant lifted the tumor so as to make traction, the mucous membrane was peeled off and the posterior attachments severed. The most tedious step of the operation was the dissection of the left ramus, which had developed enormously, filling up the space between the mastoid and the posterior border of the upper jaw, and giving off a projection which rested against the pharynx at the base of the skull. The close relations with the internal maxillary artery made the dissection more tedious.

The patient bore the operation well, and suffered of shock less than expected. The wound was closed with deep sutures of silver wire and intermediate sutures of silk-worm gut, dusted with dry iodoform and dressed with the mercurialized materials—gauze, absorbent cotton and gauze bandages.

It was impossible to appose accurately the surfaces of such a large and irregular wound. Consequently suppuration ensued, pus formed in the space between the mastoid process and the pharynx and escaped at the upper end of the incision. An accumulation also gathered under the lower flap on the left side, and escaped along the course of the facial artery. The wound was irrigated daily with carbolyzed water and dressed as above described.

On the morning following the operation the tongue was extremely œdematous, and the respiration labored and unsatisfactory. The patient was very restless and complain-

ing. The symptoms very soon indicated an increasing œdema of the glottis. In the swollen condition of the tongue and fauces, intubation of the larynx was impracticable; laryngotomy was performed and a tracheal tube inserted. The operation, as usual, afforded immediate relief, and added much to the patient's comfort subsequently, obviating the necessity of the painful traction on the tongue, of which he complained bitterly. The tracheal tube, no longer necessary, was removed at the end of forty-eight hours. No harmful effects whatsoever followed the laryngotomy.

On the evening of the day of the operation fever set in, and, for seventy-two hours, ran a high course, influenced but little by ten-grain doses of quinine. The range of temperature and its gradual subsidence are shown in the following clinical register, for which the writer is indebted to Mr. J. W. Wray, Resident Student:

	TEMPERATURE.	PULSE.	RESPIRATION.
Tuesday	{ Operation performed between 2 and 3, P. M. 6, P. M., 102°F.	130	30
Wednesday	{ 6, A. M., 103 4-5 12, M., 102 1-5 6, P. M., 104	142 140 140	26 24 24
Thursday	{ 6, A. M., 102 3-5 12, M., 103 1-5 6, P. M., 104 1-5	138 144 155	26 34 34
Friday	{ 6, A. M., 101 4-5 12, M., 101 2-5 6, P. M., 104 1-5	138 130 144	22 24 35
Saturday	{ 6, A. M., 100 3-5 12, M., 100 2-5 6, P. M., 100 3-5	128 126 132	20 22 26
Sunday	{ 7, A. M., 100 4-5 12, M., 101 6, P. M., 102	126 132 132	21 26 28
Monday	{ 7, A. M., 101 12, M., 102 3-5 Patient died between 3 and 4, P. M.	127 140	28 46

On Monday morning the patient seemed to have successfully run the gauntlet of his greatest dangers and entered upon a fair way to recovery. He had at all times nourished satisfactorily. In spite of the high range of temperature during the first seventy-two hours, and the rapid pulse-beat, he expressed himself encouragingly; and really the chances never seemed to be adverse to his recovery.

However, during the forenoon of this day, patient became restless and slightly delirious. At noon his temperature had risen to $102.2-5^{\circ}$ F.; pulse to 140; respiration to 46. Observe the relative frequency of the respirations. As the afternoon advanced, his general condition became more critical, and he breathed with exceedingly great difficulty. He died of pulmonary thrombosis, having entered the sixth day after the operation. His death was unexpected, and the cause may be regarded as accidental.

The following account of the autopsy, made by Dr. P. E. Archinard, is given in the doctor's own words:

"The patient's general appearance was emaciated. The wound from the operation was united superficially in part of its extent. There were found two pockets of pus, one low down in the neck, and the other at the upper margin of the wound; the surface of the wound was suppurating, and, at the bottom, could be nakedly seen the carotid artery and internal jugular vein with one of its large tributaries.

"The abdominal organs and pleura were normal; the lungs anæmic. The heart was in diastole, with the left cavities empty. In the right ventricle, adhering to the columnæ carneæ and tricuspid valve, was a large firm antemortem clot, extending into the pulmonary artery to its smallest ramifications in both lungs. This thrombus, which, to all appearances, was the immediate cause of death, did not occupy the whole calibre of the larger arteries; but in the lung substance seemed to completely fill up the vessel, though no embolism was found."

Figure 3 represents the macroscopical appearances of the tumor. Its external surface was even and symmetrical; its internal lobulated. A, indicates the head of the con-

dyle ; B, the lobular mass growing from the inner surface of the ramus, between the mastoid and the superior maxilla, toward the base of the skull ; C, the only ulcerated surface, which was quite superficial and exposed at the orifice of the mouth. Observe the disarrangement of the teeth. In its structure, the tumor was typical of the osteo-sarcomatous growths, and weighed $5\frac{3}{4}$ pounds. It has been preserved in the Pathological Museum of the Hospital.

A CASE OF UNUSUAL RETENTION OF THE CANULA AFTER TRACHEOTOMY.

By DR. EDMOND SOUCHON, Professor of Anatomy and of Clinical Surgery, Tulane University of Louisiana,

In the month of September, 1882, towards 5 o'clock, in the afternoon, I was called in a hurry, to visit the young child of Mr. S., which I was told was suffocating. Upon arriving at the house, I was informed that the child, a pretty little girl of 4 years had been running bare-footed in the rain which had fallen that day. She was breathing hoarsely and with difficulty, but presented no symptoms of asphyxy. There were no membranous deposits of any kind in the throat and but few scattered râles in the lungs. I diagnosed the case bronchitis with œdema of the glottis. I prescribed the usual remedies and left. At 10, o'clock, the same night, I was called out again to see the child. Its condition was much worse. The breathing was hoarser, the face was turning pale, the lips slightly blue ; throat was clear, but the mucous râles in the lungs had increased. Although I am, of course, decidedly in favor of early operation, I did not want to hurry too much as I have seen many such cases get well without surgical interference ; I insisted upon foot-baths, mustard, ipecac, etc., and as I knew well how rapidly these cases will grow worse in spite of all, I told the father to come at once for me if the breathing became worse, or if the lips got more blue. It was past midnight when he came for me, telling me that the child was worse than it had ever been. I hurried there, calling on my way upon Dr. Touatre to be so kind as to

assist me if necessary. Upon reaching the child, it was found to be asphyxiating rapidly; the face was pale and ashy and covered with respiration, the pupils much dilated, the lips very blue as also the end of the fingers, the breathing hoarse, hard and difficult; the child restless. The operation was proposed to the father and mother and urged as a pressing necessity without which there was no hope. After some little hesitation on the part of the mother, she turned the child over to me or, rather, I took it away from her, as the little patient was sinking rapidly. It was placed on a table in the adjoining room and the operation proceeded with as rapidly as possible with a restless child and bad candle lights. The skin was incised, and the first ring of the trachea hooked firmly with a tenaculum to steady the trachea and at the same time raise it to the surface and pull it up from the sternum. This had barely been accomplished when the child became motionless, stopped breathing, and its little eyes remained opened, fixed and glassy; we took it to be dead, and were satisfied that it would have remained dead if left alone. The operation was rapidly completed without any trouble now, and as soon as the canula was secured in place we began to revive the child: the head was lowered, Dr. Touatre slapped the face and precordial region with the end of a wet towel and I practiced artificial respiration. After a minute's time the breathing was re-established and the child all right. From then things went on very well up to the ninth day, when, finding the child as well as possible, I attempted to remove the canula. As soon as this was done the breathing became very hard, hoarse and difficult, the child threw its head back and the face became blue all over. The canula was immediately reinserted, which was done without the least difficulty, and all the above symptoms disappeared. At the end of another ten days I made a new attempt to remove the tube, but all the same troubles reappeared and the canula had to be reintroduced at once. A third attempt was made later on with the same results, much to my annoyance and dissatisfaction. It had to remain in for

three long months before it could be left out entirely without trouble. The child is now perfectly well, with no alteration of the voice. I have never seen, read or heard of such a case before, where the larynx was not organically and chronically diseased, and yet a tube had to be left in three months after an operation for a mere œdema of the glottis. Whenever I removed the tube I tried to see what the cause of the obstruction was, but never could succeed. To this day I do not know positively what the real cause of the trouble was. I can only conjecture that the wound in the trachea had granulated to an unusual extent, as the external wound does, and that one or two or several granulations which were kept apart by the tube contracted and closed more or less the internal opening when the tube was removed. In course of time they shrunk and ceased to obliterate the opening. I thought, of course, of using the laryngoscopē, but in a young child it is almost sure to give no satisfactory result.

This case is, therefore, remarkable on account, 1st, of its nature, a mere œdema of the glottis, that is a swelling with more or less effusion in the aryteno-epiglottic folds; 2d, the rapidity of its course—the child was well at 3, P. M., and had to be operated on at 12 M., that is nine hours; 3d, by the impossibility for the child to breathe without the tube for three months; 4th, the obscurity of the cause of the obstruction to the breathing.

Correspondence.

THE PHYSICIANS' MUTUAL BENEVOLENT ASSOCIATION.

Messrs. Editors:

Whatever measures are calculated to engender a feeling of brotherhood among physicians, and tend to promote acts of benevolence, and add to the comforts and happiness of their families, should claim our deepest interest and

heartiest co-operation. And while the advancement of medical science is the one supreme object of all true minded and honest medical men, it is no less a duty, while pursuing their investigation and practically applying their experience and accumulations of knowledge to the curing of disease and alleviating human suffering, also, to nurture the noble moral instincts of our nature and to adopt such measures as will in the event of death bring solace and material relief to our bereaved families.

What measures are so well calculated to fulfill this noble object, as the PHYSICIANS' MUTUAL BENEVOLENT ASSOCIATION of Louisiana, recently organized and chartered under the general laws of the State, its chief features being the voluntary contribution of \$3 as a free will offering to the family of the deceased brother, upon notification of death, by every surviving member of the Association, and the small expense in conducting its affairs?

While all classes of men, of every trade, calling and business in life, are forming societies for mutual benefit and relief, the physicians have been slow to take hold of this benevolent idea and reduce it to a practical working principle; and yet, of all classes of men, as a whole, none need its benefits more.

While some few physicians have inherited a competency, and others have become rich by marriage, it is a notorious fact, that the rank and file of doctors are toiling day and night, summer and winter, from year to year, trying to heal the sick and ameliorate their sufferings, making barely a sufficiency to meet the current and pressing wants of daily life, and at the end of a long and laborious professional servitude, die, leaving their families destitute and helpless.

Brother physicians of Louisiana, are you now ready and willing to help in this noble work? I am persuaded, that there is no true and kind hearted physician in Louisiana, who would not cheerfully give three, or five, or ten dollars to the needy family of any deceased brother physician if personally solicited to do so. Let us then anticipate and

forestall this personal appeal. Let every regular and true hearted physician in Louisiana unite with us in this Mutual Benevolent Association, and we will have a snug little sum to tender to the heart-stricken widow and children of a deceased brother to soothe in some measure their aching hearts. The plan is so plain and inexpensive, and withal so benevolent, what physician can be so selfish and so unsympathizing as to withhold his hearty co-operation.

No salaried officers, no office rent—only \$1 to defray contingent expenses, and \$3 on the death of a member for the benefit of his family.

Should we get (and surely we ought to) 800 members, we would have \$2400 to contribute as a friendship offering to the bereaved family of a deceased brother. And with this number of members, we could not average over four deaths a year, thus securing this great benefit at the moderate cost of \$12 to each member; and in all probability even less than this amount.

Regular physicians in reputable practice and of good moral character, only, are eligible to membership, and this feature makes of us a reputable as well as a Benevolent Brotherhood.

With these humane and sublime purposes as our foundation rock, what regular physician can refuse his hearty co-operation? Brothers, rally to this bond of fraternal union and mutual benevolence.

You and I, and all who participate will be the happier by cultivating this broad and practical charity. Let it not be said, that our professed friendship for each other is a hollow pretence, but a living practical principle.

Let Physicians send their names at once with postoffice money order for \$4, payable either to Dr. Richard H. Day, President, or to Dr. J. W. Dupree, Secretary; \$1 being for annual dues, and \$3 to the Benevolent fund, the first assessment being paid at the time of joining, and subsequently, only, on the death of a member.

RICHARD H. DAY, M. D.

Baton Rouge, La.

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.—Published monthly at \$3 per annum in advance
Single copies, 30 cents.

Correspondence, notes and queries upon medical matters and clinical reports are invited from every source and will receive prompt attention. Information concerning deaths, marriages, removals, etc. of physicians, and all matters of local or general interest relating to medicine are solicited from the Profession of the South.

LEADING ARTICLES.

OUR THIRD YEAR.

The beginning of this, our third year under the new management, deserves notice, but our salutatory needs be of the briefest. For what we have accomplished we have only to point to our third volume and its table of contents to show that we have thus far fulfilled every pledge given at the beginning of the year. Our index contains the names of more than sixty contributors and every new subject of medical interest finds a place in its columns, while the heading Editorial shows how faithfully our staff has labored. The volume has certainly been the best we have ever issued, and we might, perhaps, be pardoned for declaring it the best volume of a medical journal ever issued from a Southern press.

Our prospectus embracing as it does a proud name in medicine from every Southern State is our best promise for the future.

Every dollar of our assets is being expended to build up a great Southern medical journal and our prospectus points to the successful attainment of this desirable end.

It cannot be gainsaid that our Editorial, Correspondence, Personal and Medical News columns already contain more information of interest to the Southern practitioner than is to be found anywhere else, and our facilities for gathering such information, and our circulation of it are steadily increasing.

In another year we hope to be able to offer to our contributors as handsome rates of compensation for their labors as any journal in the United States.

All this is encouraging, but it cannot blind us to the fact that without a hearty support from the profession in the South, we cannot attain our end. The proper establishment and conduct of a great journal that would be a pride to our whole section, needs capital, a large capital, and this we are without, but if every one of our subscribers would call the attention of a single friend to these facts and thus secure him as a subscriber for the coming years, we might well look upon our object as accomplished.

OUR DEPARTMENT OF HOSPITAL REPORTS AND CLINICAL NOTES.

From the beginning of this volume to the present time there have been published in the JOURNAL fifty-six clinical reports. Of these, forty-eight are from this city, and only eight from other sections of Louisiana and surrounding States. Of the forty-eight drawn from New Orleans, thirty have been gathered by members of the editorial staff of this JOURNAL from the hospital, and a good number of the remainder have been reported by them from their private practice.

The above statement affords us the basis of some remarks concerning the assistance we desire, and ought to get, for our JOURNAL from the physicians of the South, especially of this State and city.

The NEW ORLEANS MEDICAL AND SURGICAL JOURNAL is not a hospital nor a city journal. It has been our aim to enlist the sympathy and co-operation of our professional brethren *throughout* the South, and particularly in our own State. Many of our friends have greatly encouraged us by their kind words and have aided us in many other ways, but few have shown us the practical value of their pens in building up the influence of the JOURNAL. We cannot do

all the work of the JOURNAL, nor, indeed the greater part of it. Moreover, if it were possible for us to do this, busy as all of us are, one of the objects of a journal in the South, as we conceive it, would be defeated—the presentation of the views of the medical men of the different sections of the South. Our pages are open to all medical men and we desire and invite their assistance in giving a fair exposition of medicine and medical progress in the South. We wish to excite the active interest of *Southern* medical men, but so far, though our success has been greater than it has ever been before, we are not satisfied. We believe the profession generally is as much concerned in the maintenance of a medical journal in New Orleans as are the editors and proprietors of this JOURNAL. We now call upon our friends for a more decided expression of their good will towards us. This can only be given by sending contributions to our pages. We do not want long articles, unless such are so exceptionally good as not to justify condensation, but short pithy, *practical* articles. We consider our practical department, the clinical, one of the very best features of the JOURNAL, because it enables the busy practitioner to give his views on practical subjects in a short, practical way, by narrating his interesting cases and briefly giving his treatment. In these days of differentiation in medicine, few men have the time to read long papers, and especially is this true of the *practitioner* of medicine. He wants well-written, but short articles, from which he can quickly extract all that is worth having. Hence, we would call the attention of our friends in the South to our department of “Hospital Reports and Clinical Notes” and ask them to send us reports of interesting cases in practice. We know that country practitioners meet with many cases of great interest, and we know that they can report these cases in an interesting manner, if they will only take the trouble and a very little time to do it. Our friends at the recent meeting of the State Medical Society in New Iberia spoke many kind words of us, and we feel, therefore, little hesitation in asking them to make good

their cordial proffers of support. Send us your articles, friends, and especially your clinical reports and we shall feel that the success of the JOURNAL will be assured. Don't let New Orleans and the Charity Hospital furnish *all* the notes from practice, but let us all work together and make the NEW ORLEANS MEDICAL AND SUGICAL JOURNAL what we long to make it and believe it will become, the medical mirror of the South.

We have made arrangements for the ensuing twelve months, which will make our *original* department extremely valuable and one that would do credit to *any* journal in the land. All the more necessity will there be, then, of improving our *clinical* department. This we earnestly hope to do and shall spare no pains to make the department one of unusual interest and value.

EDITORIAL COMMENTS.

THE COMMISSION OF MEDICAL EXPERTS.

At the meeting of the Louisiana State Board of Health, held on June 8, 1886, the Board decided to renew and enlarge the commission of last year, and the following well known medical gentlemen were appointed:

Drs. J. P. Davidson, Fred. Loeber, Gustavus Devron, C. J. Bickham, E. S. Lewis, Samuel Logan, J. Touatre, J. H. Wiendahl, E. T. Shepard and D. C. Holliday, all the members of last year holding over except Dr. Turpin, deceased.

As resolved by the Board, any two of these acting in consultation with the attending physician may furnish an opinion which will be accepted by the Board as determining the nature of a case in doubt. The size of the commission, the careful selection of men of high character and professional attainments, and the distribution of the appointees, as regards place of residence, throughout the

city, will make it easy to get together on short notice in any locality of the city two gentlemen, who will cheerfully assist the attending physician in arriving at a diagnosis in any suspected case. The intention in organizing the commission was not to cast reflection on the ability of any professional gentleman, but rather to furnish him the assistance of duly authorized men of experience at all times ready to share with him the always disagreeable responsibility of pronouncing on the nature of a doubtful case. The provision making any two members competent to decide will very much facilitate matters, and makes the scheme of the commission entirely practicable in the carrying out.

With a commission of experts composed of men, all of distinguished ability and of the highest respectability, we can assure our neighbors that every case suspected of being yellow fever or cholera will be carefully investigated and honestly reported on.

THE QUARTERLY REPORT OF THE ILLINOIS STATE BOARD OF HEALTH.

We have before us the report of the quarterly meeting of the Illinois State Board of Health, held in Chicago, April 15, 16, 1886.

This report shows the continuance of the good work inaugurated three years ago by the enforcement of the Board's Schedule of Requirements of Medical Colleges, "compliance with which is necessary to entitle a school to 'good standing' for the purposes of the Medical Practice Act."

"The general results of this enforcement," the Secretary states, "are claimed to be fairly satisfactory." A marked reduction in the proportion of graduates to matriculates is shown for colleges where the proportion was formerly very high. "Unfortunately," however, he remarks, "it is only in 'some' colleges that this attempt has been made." The percentage is still very high in many schools. The

average for regular colleges is 33.3 per cent. of matriculates. As an outcome of the report of the Secretary, Dr. John H. Rauch, the following preamble and resolution was adopted by the Board:

"WHEREAS, The continuous graduation of forty-five (45) per cent. of the total number of matriculates of a medical college—due allowance being made for the annual average loss—must be accepted as prima facie evidence that, practically, every candidate is graduated without regard to competency or qualification; therefore, be it

Resolved, That no medical college be recognized as in good standing within the meaning and intent of the Act to Regulate the Practice of Medicine in the State of Illinois, the aggregate graduates of which college amount to forty-five (45) per cent. of its aggregate matriculates during the period of five (5) years ending with any session subsequent to the session of 1885-86.

DR. VILLAVICENCIO.

The Daily Picayune of June 8th, contained the account of an interview with Dr. B. C. Nunez de Villavicencio, setting forth at great length the merits of Carmona's system of inoculation against yellow fever, the Doctor's firm belief in the same, and his reasons therefor. The concluding paragraph of the report, however, clearly revealed the cause of the milk in this crypto-coccial cocoa nut.

Dr. Nunez graciously proposes to return to New Orleans in the month of August, when, doubtless, he hopes to find either the fever or the fear of it prevailing and to fill our astute citizens with hope, gratitude and the peronospora lutea—for a small consideration. We are glad to learn that the Board of Health has nipped this pleasant little scheme in the — germ. Dr. Holt introduced a resolution, which was carried, forbidding any such performance on the part of Dr. Nunez. Tho' we regard peronospora as a most innocent vegetable ourselves, yet, we think the Board has acted with commendable consistency and decision it having declared its belief in the germ of Carmona, it should certainly, therefore, not permit its importation under any pretext during the yellow fever season.

CHANGES IN THE FACULTY OF THE MEDICAL DEPARTMENT OF TULANE UNIVERSITY.

Dr. J. F. Y. Paine, of Galveston, Texas, has resigned the Chair of Therapeutics and Materia Medica in the Medical Department of Tulane University, which he filled so successfully during the past session.

In the short time that he was with us Dr. Paine made many friends and secured the unqualified esteem of his confrères and his class. To the latter he especially endeared himself by the faithful and thorough discharge of his duties as a teacher of clinical medicine in the wards of the hospital, where he was ever prompt in his attendance and diligent in the prosecution of his work.

Dr. A. B. Miles has been elected to fill the vacancy caused by the resignation of Dr. Paine. Delicacy forbids that we should do more than offer him our sincere congratulations.

ON EXTENDING THE RELATIONS BETWEEN STATE MEDICAL SOCIETIES.

In a letter received a short time ago, our friend Dr. Henry T. Bahnson, President of the North Carolina State Medical Society, says:

* * * "The Medical License Law our society has succeeded, after long years of effort, in placing on our statute book. It has built up and consolidated our society, has given us an influence we never otherwise could have achieved, and has been of incalculable benefit to our people, by elevating the educational standard of our profession, and ridding our state of charlatans.

"I dislike to suggest such an idea, but would it not be worth your while to send a delegation from your State Society to our next meeting, which takes place in Charlotte, N. C., on the second Wednesday in April, 1887? As its President I extend to you and your confrères, the invitation of the North Carolina Medical Society to be present, and to take part in our deliberations. If you can learn nothing from us, you can at least give us encouragement in our

work and help to cement the tie which unites the members of our common profession. One of the points I desire to emphasize in my address is the advisability, and even necessity, of our Society extending its fraternal relations with the other State Medical Societies in the country, and more particularly throughout the South.

“I promise you and others a cordial welcome.”

We commend this to the attention of our worthy President. The invitation is kindly and gracefully given, and deserves some consideration, or at least acknowledgment.

ABSTRACTS EXTRACTS AND ANNOTATIONS.

MEDICINE.

SYMMETRICAL VASO-MOTOR PARALYSIS OF THE TWO HANDS.

The following is the history of a case of this rare affection which was observed in the service of Professor Potain in Necker's hospital, Paris :

The patient, aged 54 years, a bricklayer, entered the hospital on the 1st of May with no family history ; he had enjoyed habitual good health, and had no nervous tendency ; he gave no history of any excess ; had never been overworked, and was always careful in his diet. Four years ago, in the beginning of the winter, his hands became swollen ; this swelling then gave him no pain and only incommoded him ; came on with no apparent cause, and lasted fifteen days ; last December the same swelling re-appeared with the same character as previously and with no more pain.

Upon admission his two hands were found reddened, hot and swollen ; the fingers were stiff and tumefied ; the articular furrows obliterated ; the skin hard, thick, but with no other apparent alteration. On the dorsum of the hands, which were swollen and œdematous, the veins were distended. The patient complained of no pain nor were the parts tightened ; pressure over the wrists and the joints of the fingers of the left hand, however, caused a little pain. The ungual pulse was well marked ; the lower part of the

forearm was somewhat warm and red; the remainder of the upper extremities was normal; the lower extremities were also normal; the face was colored; the appetite good with a little polydipsia and as a consequence some polyuria; the patient had to get up several times at night to pass water; the urine contained a very slight cloud of albumen; the heart was normal: pulse, 68; the temperature in the axilla 99 1-10° F. in the morning, 98 5-10 at night; forearm, 94 3-10; back of hand, 95 9-10; palm of hand, 96 1-10° F.; between the index and middle fingers, 96 5-10° F.

On the 5th of May the œdema of the back of the hand was greatly diminished; on the 7th and the days following the swelling had altogether disappeared, the redness was all gone, leaving the skin on the dorsum of hand pigmented; the fingers could be flexed. On the 23d the patient left the hospital, the abnormal heat and the unguar pulse having disappeared. The diagnosis of vaso-motor paralysis was made, based on the redness, heat and swelling, found symmetrically distributed in the two hands.

This affection is to be differentiated from cardiac or renal œdema, erythema, acrodynia and rheumatism. The want of evidence of cardiac or renal disease of any kind eliminates the first; erythema is accompanied by fever, and the eruption is well circumscribed and spotted. Acrodynia occurs rarely sporadically, and is then accompanied by nausea, vomiting, diarrhœa, and constitutional symptoms absent in the case. Rheumatism would give rise to swelling and pain, but would not be accompanied by the degree of redness and heat found in this case. As regards etiology, the males are three times more liable than females, the most favorable age being from 21 to 40 years. Neuro-pathic subjects are those who suffer generally, and typhoid fever, dysentery, malarial fever and rheumatism predispose to it. Fatigue, forced marches, damp, cold, prolonged bathing of the hands or feet in cold water, are occasional causes.

The pathology consists in a paralysis of the vaso-motor nerves of the parts, but whether this paralysis be central or affects the peripheral has not as yet been positively determined.

With regard to treatment, colchicum, iodide of potassium, propylamine, atropine liniment, hydrotherapy, electricity and applications of ice have been used with benefit; in some cases rest and diet were all that was required.—*Gazette des Hôpitaux*, May 29th, 1886.

THE PHOSPHATES IN THERAPEUTICS.

Mr. E. Logeais advises the use of the phosphates of sodium and potassium in preference to the phosphates of calcium in all cases in which the use of phosphorous salts is indicated. The advantages of the former salts lie in the fact of their complete solubility in acid, neutral and alkaline fluids, thus being readily absorbed in all parts of the alimentary canal; whereas, the calcium phosphates, being utterly insoluble in any but acid fluids, can only be absorbed in the stomach, and as absorption in this organ is very limited, the greatest part, if not the whole of these phosphates is passed unchanged by the bowels. That absorption of the calcium phosphates is necessary for the formation of osseous tissue is not at all evident, for this salt is as readily formed in the organism by double decomposition taking place between the phosphates of sodium and potassium and some of the soluble calcium salts which may have been absorbed.—*Bulletin Général de Thérapeutique*, pp. 466 and 467.

TREATMENT OF STAMMERING.

In the *Bulletin de l'Académie Royale de Médecine de Belgique* for January, 1886, Dr. Chervin, of Paris, has an interesting article on the etiology and treatment of stammering. His treatment lasts only three weeks.

The *first week* is devoted to the study of the elements of speech, and to the methodic exercise of respiration. The respiratory rhythm must be established at the outset, and the patient must be taught to breathe and utilize his breath with a view to speaking. There are certain exercises of respiration, in which he teaches the subject how to inspire and how to expire, these acts being preceded by a moment of repose, during which the mouth is kept closed. Expiration is at first utilized in pronouncing the separate sounds, then combined sounds. The vowels are first chosen in the exercises, as they are easier to pronounce than the consonants. These latter are taken up and each carefully studied. When the elements of speech have been perfectly studied, and the difficulties arising in connection with individual consonants have been overcome by special gymnastic exercises, the subject passes to the study of syllables, then words, and, finally, sentences and paragraphs. During the first week the stammerer should abruptly break with his old manner of speaking. Dr. Chervin con-

siders as a powerful aid in this work, complete, absolute silence, which he imposes upon his patients during the first week. It is evident that as long as the principles of the method are not sufficiently known to the pupil, and he is not completely broken into their practice, he will not apply them in conversation. This rigorous silence has another effect. It quiets the pupil's mind, and makes him forget all about his stammering.

The *second week* the pupil regains freedom to speak. The time has arrived for him to apply the principles he has learned. Henceforward he can speak, because he no longer stammers; he restrains himself, and slowly puts into practice the instructions concerning respiration, the regular movements of the tongue and lips, etc.

It is always a surprise to Chervin to see the contortions, the spasms, the hesitations, the most marked repetitions, disappear under this method as if by enchantment. A clear, precise utterance succeeds the former stuttering; speaking will become natural, agreeable and harmonious, when the extreme methodic slowness imposed during the second week will have given way to an easier gait which is to be practiced during the last week of the treatment.

The *third week* is employed in fixing the new habit of speaking with care and method, and in relieving the delivery of all tendency to choking. At the same time, a careful study is made of the inflections of the voice.

In fine, Chervin replaces the very marked syllabation of the first days by a steady but slightly accentuated delivery, in which all the syllables are pronounced without precipitation, and, above all, without jerking.

During this last week, Chervin counsels his pupils to imitate persons who speak well, whose delivery, without being of pedantic slowness, is calm and deliberate, in whose voice the inflections are natural and varied; whose sentences, well modelled both as to breathing and meaning, are easy to understand and pleasant to hear.

But, at the expiration of the three weeks, it must not be supposed that the pupil is entirely cured; he is like a convalescent who has still need of care and precautions in order to achieve a complete restoration. Special instructions must be given to him, whereby he may be able to continue the application of the method, and thus indelibly fix the habit of speaking properly.

SURGERY.

PENETRATING WOUND OF THE INTESTINE; RECOVERY WITHOUT LAPAROTOMY.

The case occurred in the Civil Hospital at St. Helena, in the service of Frank S. Watson, Colonial Surgeon, and was reported in the April 17th number of the *British Medical Journal*.

The wound was inflicted with the broken neck of a bottle, and situated on the left side, at the intersection of a line drawn horizontally from a point one inch above the umbilicus, and a second line drawn vertically from a point one inch behind the anterior superior spine of the ilium. There was a discharge of dark, sanguineous fluid and fœcal matter through the opening. There were signs of localized peritonitis with an elevation of temperature to 102° F. The fever subsided, the wound healed, and the patient was discharged cured twenty-one days after the injury.

The treatment comprised perfect rest, a diet of one pint of milk daily, a charcoal poultice over the side of the wound, and ten minims of laudanum every four hours, continued for eleven days.

[The successful termination of the case we regard as accidental. The puncture in the bowel must have remained opposite the opening in the abdominal wall; otherwise the intestinal contents would have extravasated into the peritoneum. Laparotomy and suture of intestine would have been the treatment approved by most modern surgeons.—*Eds.*]

LITHOTRITY IN CHILDREN.

At a recent meeting of the Clinical Society of London, reported in the *British Medical Journal*, Mr. Walsham introduced an instructive discussion by relating a case of stone in a boy, aged 10 years, who had been relieved by lithotrity—Bigelow's method. Mr. W. argued in favor of lithotrity in boys, and was strongly supported by Dr. Keegan, who had lithotriized forty-two boys under 12 years, of whom twenty were under 6 years, and one only 1 year and 9 months. The smallest stone removed was from a boy of 11 years, and weighed 5 grains; the largest from a boy of 7 years, and weighed 236 grains. In the light of such experience, Mr. W. asked if Bigelow's method should not

be the rule in the case of boys, whatever their age, just as it has become in the treatment of adults?

Mr. Thomas Bryant, the president, while not acceding to the views expressed in the preceding lines, thought that the rule of *lithotomy in boys, lithotripsy in men*, could not, in the future, be adhered to so strictly. He believed that a large stone in a boy should not be crushed, in view of the danger of laceration of the urethra, an injury more serious, in his opinion, than a clean-cut wound. In verification of his statements, he reported from Guy's hospital 170 lateral lithotomies, in boys under 10 years, with only two deaths, neither of which could justly be ascribed to the operation. In cases in which the stone is small and the urethra healthy, Mr. Bryant practices lithotripsy in children.

[This practice is in conformity with the best surgical opinion of the day, based upon methods of procedure instituted by our distinguished countryman, Prof. Bigelow, of Boston.—*Eds.*]

SUBCUTANEOUS RUPTURE OF THE BICEPS BRACHII.

Dr. Carl Beck, in *N. Y. Medizinische Presse*, reports a case of rupture of the biceps through the belly of the muscle. A grocer, aged 30 years, while lifting a three hundred pound weight, suddenly felt his arm jerk "as though some one had torn his arm off." Dr. Beck found, where the belly of the biceps should be, a deep oblong depression, the wall of which, on either side, was formed by the contracted fragment of muscle. By forcible flexion the severed ends could be brought together; so the limb was fixed in this position and compresses applied; over these an elastic bandage, and over this a plaster of Paris bandage. In three weeks the dressings were removed, the hollow had disappeared, and in its place was found a compact mass—a true muscle-callus. Two weeks later the patient said he could feel no difference in the functional activity of the two arms. Only five similar cases have been reported in medical literature.

RESECTION OF FIVE FEET OF INTESTINE.

Th. Kocher, of Berne, reports in the *Correspondenzblatt* a case in which he removed five feet of gangrenous intestine. The patient was a laborer, aged 57 years, who for many years had had a right inguinal hernia, about as large

as a hen's egg; he entered the hospital suffering from an incarceration of the hernia, of 24 hours standing. Herniotomy was at once performed, and the intestine was found very œdematous and gangrenous. As the gangrene was very extensive, Kocher decided to perform resection rather than allow the gut to remain. The operation was performed under antiseptic precautions; thirty arteries had to be tied in the mesentery; after a drainage tube was inserted, the wound was closed. The feeding was chiefly rectal. The wound healed without reaction or complications, and the patient was considered cured after eighteen days. Later on, he said that he had never felt better.—*Hospitals Tidende.*

THE TREATMENT OF VARICOCELE.

The various operations we abstract from an article of Dr. R. F. Weir, in the *New York Medical Record*:

1. The plan of Gagneles, sub-cutaneous ligation with a single silk thread.

2. Ricord's plan, by the *serre-nœud*, or double-loop silk ligature, one in front, one behind, arranged so as to form a running reef-knot, with outside traction by a horse-shoe ratchet.

3. Wood's plan, similar to Ricord's, only differing in that he used silver wire, and brought the ends out through one opening.

4. The modification of Wood's plan by Weir, in which an elliptical spring straddled the scrotum and pulled upon silver loops arranged like those of Ricord.

5. Barwell's modification, in which he thrusts the ends of the wire through perforated plates with little uprights, to which he fastened the wires and tightened from day to day.

6. The method of sub-cutaneous ligature with aseptic catgut—"one of the best, safest and quickest in its results."

7. Excision of the veins. Nicaise and Nebler advise separating the artery from the veins, a procedure unnecessary as well as extremely difficult. Reginald Harrison ties the larger veins separately through an incision and lightly cauterizes the smaller ones with the Paquelin.

8. Ablation of the rapheal portion of the scrotum and ligation with catgut. [For this ablation a special instru-

ment has been devised by Dr. Henry, of New York City, called Henry's clamp.]

Conclusions of Dr. Weir:

1. For small varicoceles, the single (or double) sub-cutaneous ligature (catgut).
2. For medium-sized varicoceles, excision.
3. For large varicoceles and for relapsed cases, and for those not large, but associated with redundant scrotum, ablation of the scrotum with ligation.

In the discussion of Dr. Weir's paper, Drs. T. Abbe, Henry McBurney, Peters and Stephen Smith took part; all favored ablation where there was redundant scrotum; the majority preferred subcutaneous ligation in addition to the ablation.

OBSTETRICS, GYNÆCOLOGY, ETC.

CONVULSIONS DURING PREGNANCY TREATED SUCCESSFULLY BY SUBCUTANEOUS INJECTIONS OF PILOCARPINE.

In the *London Lancet* for April 3, 1886, Dr. P. Horrocks reports a case of convulsions during pregnancy successfully treated by subcutaneous injections of pilocarpine. This was a second case within a year. The patient's urine contained about $\frac{1}{3}$ albumen with no casts; she had convulsions and had been unconscious for some time. One-third of a grain of a fresh solution of pilocarpine was injected subcutaneously. In both cases there was complete relief of the symptoms, rapid dilatation of the os, and quick expulsion of the child after the administration of the drug. It would appear that pilocarpine must be looked upon as an ecbolic. In both cases the children died. Whether this was owing to the pilocarpine, or the convulsions, or the uterine constructions set up by the pilocarpine, or some other cause, must be left to future investigations.

EXTRUSION OF FŒTAL MEMBRANES AT THE SEVENTH MONTH WITH SUBSEQUENT RETRACTION.

At the regular meeting of the *Baltimore Gynæcological and Obstetrical Society* held March 9, 1886, Dr. F. Chastard, jr., reported the following interesting case demonstrating the possibility of gestation being prolonged under most unfavorable conditions:

Mrs. B.—2nd pregnancy; up to date of March 7th, the 33d week, nothing unusual had occurred, on that date I

was hurriedly summoned and obtained from the husband the following data :

Mrs. B. had that afternoon taken a walk of considerable length, and decidedly more than was her custom, as a result she felt more than usually fatigued and complained of a sense of weight and fullness about the genitals. Her husband, who was of a rather enquiring turn of mind, made an examination and found a purplish mass protruding from the external genitals; he at once directed her to keep quiet in bed and sent for me. I saw her about three hours after her walk and in making an examination found protruding from the labia a soft fluctuating tumor about the size of a small chicken egg: this could be traced by the finger within the vagina and extended up to and within the external os uteri, which was dilated to about the size of a silver quarter dollar. The tumor was nearly cylindrical in shade, moderately tense, contents perfectly fluid with walls about the thickness of the membranes at term; there was no apparent uterine contraction at the time of my visit, no pain, and the sensations complained of immediately after the walk had almost entirely disappeared. I directed her to remain quiet in bed and if labor pains came on to check them with an anodyne mixture of chloral and morphia as she was still within six weeks of her expected date of confinement. At my visit the next morning I learned the patient had passed a comfortable night, had experienced no pains or uncomfortable feelings; the tumor had retracted so that the lower portion was about half-way between the os uteri and the external genitals; directed continued rest in bed. On third day I found the tumor projecting only slightly at the mouth of the womb, which was now contracted to about the size of a three cent piece. On the fourth day the os had returned to its normal size and condition, and no membranes could be felt; the patient completed her term of pregnancy and was confined on April 11th; the labor was normal, the bag of waters forming as usual. The point of interest presented by the case just related is the extreme distension of the bag of waters at this early date, and its subsequent gradual and steady retraction until it returned to its normal site within the uterine cavity; this, coupled with a corresponding steady contraction of the dilated os and the continuance of the period of gestation, makes a unique case as far as I have been able to investigate the literature of the subject. The distensibility of the membranes has abundant clinical de-

monstration at term and immediately preceding the rupture of the bag of waters by the efforts of nature, but the retractibility is not often made so manifest, though the possibility of such power has been demonstrated by the researches of Baer, Remak, Vulpian and others. Their investigations have proven the existence of two layers of the amnion, an internal or epithelial layer and an external, composed of connective tissue, more condensed as it approaches the epithelial layer, and of non-striated muscular fibres; it is by the presence of these muscular fibres that we can explain the phenomenon which in the present case is demonstrated clinically. At the same time, the history of the case conclusively proves that a marked degree of dilatation of the os with corresponding protrusion of membranes by no means necessarily results in immediate or even proximate completion of the uterine efforts, if we can by any means arrest further expulsive action; in fact the presentation of the bag of waters, as here described, may be considered as indicating laxity of contraction of some duration—a condition offering the best chance of successfully arresting the progress of a threatened premature labor before rupture of the membranes occurs.

OPHTHALMOLOGY.

PHTHIRIASIS OF EYELIDS, CAUSED BY PEDICULI.

In the *Journal de Médecine et Chirurgie Pratiques*, Dr. Edgard Hirtz relates an interesting case of phthiriasis of the eyelids in a child of thirteen months. The edges of the eyelids were reddish and swollen, and the roots of the eyelashes seemed to be slightly encrusted with a secretion which is frequently observed in ciliary blepharitis. But, upon a close examination with a loupe, he clearly perceived that the supposed exudate was endowed with almost imperceptible movements. He continued to look, and at the end of a few moments he saw a pediculus emerge and walk along one of the eye-lashes. He picked it off with a needle, and now, aware of the nature of the blepharitis, he searched and found five or six pediculi.

He ordered red precipitate ointment, but was forced to discontinue it on account of the inflammation it set up. New pediculi took advantage of this truce to be born, and for fifteen days the struggle continued. Victory was not decisive until he had destroyed the incrustated ova in

the following manner, recommended by Dr. Besnier: soften the shell of an egg by compresses wet with vinegar, and slide the egg along the eye-lashes.

The lousiness had been communicated to the child by its nurse, who, for about eight days, had suffered almost intolerable itching. The pubis and the axillary regions were well provided with pediculi. The child often slept upon the nurse's breast, and the upper part of the head reposed in the vicinity of foci of infection.

BOOK-NOTICES.

The Medical Student's Essentials of Physics—Essentials of Chemistry: By Condict W. Cutler, M. D. New York: J. H. Vail & Co., 1884.

These two little works, bound in one handy pocket-volume, are intended to aid the student in recalling to memory the main features of physics and chemistry, preparatory to passing an examination. As such this book fulfills its purpose; but the purpose of all works of this class is not entirely to be commended, inasmuch as they tend to wean the student away from thorough, systematic treatises. A. McS

Text Book of Ophthalmoscopy: By Edward G. Loring, M. D. Part I. New York: D. Appleton & Co. 1886. [New Orleans: Armand Hawkins, 196 ½ Canal street. Price, \$5.]

This is the first part of a very complete text book upon the ophthalmoscopic science and art which has been promised us for some time. Our knowledge of the author set our expectations high. We have not been disappointed; it is a notable book, and we have delayed our notice somewhat that we might be able to give it the thorough examination it deserved. The work is divided into six chapters and an appendix. The former lays down the principles of optics, physical and physiological in an exceptionally clear manner. The diagrams are excellent; the best we have ever seen, and must prove a great aid even to the advanced student.

The author's method of handling the subject is especially to be admired and commended. He begins by clearly

defining and emphasizing the difference between regular and irregular reflection; and in his explanation of the action of lenses upon a ray of light abandons the hackneyed and confusing plan of speaking of the ray as though it were a tangible and malleable bar, and proceeds at once to explain lenticular refraction by means of the undulatory theory. This is done with such simplicity as to bring the subject within the grasp of the weakest intelligence. His treatment of the action of cylindrical lenses is equally happy, and the aid of a very useful diagram is called in. We regret that while showing the equivalence of the dioptric to 37 inches, French, he does not lay more stress upon the close approximation of this unit of measure to 40 inches, English.

Chapter II., On the Examination with the Ophthalmoscope, will be found full of useful hints.

In chapter V., Determination of the Optical Condition of the Eye with the Ophthalmoscope, Dr. Loring says of the late much-be-praised "Keratotomy" or Retinoscopy: "It still remains, however, in my opinion, the most difficult and least satisfactory of any of the methods of determining the refraction of an eye and contributes nothing which can not be more easily and more expeditiously performed by the upright image." An opinion in which we heartily concur. The method is fashionable, however, and it requires some little courage and self-confidence to speak out about it boldly and truthfully.

Chapter III., The Anatomy of the Fundus of the Eye; Chapter IV, the Fundus of the Normal Eye, and chapter VI, Examination of the Media of the Eye, are models of thoroughness, and yet withal dull prolixity of detail is avoided with much tact. In these chapters that great repository, the Handbook of Graefe and Sæmisch, is made to contribute freely to both text and plates, and many of its treasures are thus for the first time laid before the English reader.

As may be gathered from what has been already said we consider the author's style particularly good. It is clear, unaffected and almost entirely free of polysyllabic technicalities and foreign phrases. It has, moreover, that supreme and most difficult charm—interestingness.

Finally, we believe that if Dr. Loring, resolutely pulling aside all temptations to hurry, executes the rest of his work in the manner in which he has performed the part now before us, he will succeed in producing the best modern textbook in the English language upon the subject—the great

American treatise upon ophthalmology will have been written, and the heretofore preëminent work of Soelberg Wells must give way at last to a rival and successor.

The mechanical part of the work is elegant. The paper is thick, the type large and clear and the wood cuts fine and distinct. The selection of chromo lithographs from the famous atlases of Jaeger and Liebreich is the best we have yet seen. We hope that the succeeding parts will contain many more thus bringing these great collections within the reach of all students of the art. H. D. B.

The Diagnosis and Treatment of Diseases of the Ear. By Oren D. Pomeroy, M. D., New York: D. Appleton & Co. 1886; [New Orleans: Armand Hawkins, 196½ Canal St.]

That Dr. Pomeroy's book should already have passed into a second edition is the best indication that it has supplied a certain demand, and an examination of its contents readily reveals the cause of its success. By no means a great treatise addressing itself by reason of profound research or great originality of thought to the experienced worker in the department of which it treats, it is, perhaps, on many accounts the best American *text-book* on the subject yet produced. Clear, condensed, with an attractive originality of style and expression, it tells the inexperienced student just so much as he should know, without confusing his mind by too lengthy exposition of conflicting theories, or exhausting his attention by wearisome citation of authority and elaboration of detail.

Dr. Pomeroy speaks like a man of sense, experience, and learning and the views expressed are sound and conservative. As in all works on the ear the chapter upon chronic catarrh of the middle ear is the longest and most vague; a proof of the intractable, and, at present, incurable nature of this insidious disease.

The careful and simple directions for the care of the throat in aural maladies are especially to be commended. Indeed, as we have already said, this is the student's hand book on diseases of the ear, and were we directing a course of study on the subject it should have a place immediately after the smaller work of Dalby and just before the larger ones of Burnett, Rossa and Politzer, H. D. B.

PUBLICATIONS RECEIVED.

Typhoid Fever in Philadelphia. By Henry Leffmann, M. D. Read before the Philadelphia County Medical Society, Nov. 24, 1885.

The "Medical Record's" Position Editorially as to the Value of Excision for Hip Disease. By W. R. Whitehead, M. D., of Denver, Col. Reprint from *Denver Medical Times*.

Report for the year 1884-85. Presented by the Board of Managers of the Observatory to the President and Fellows of Yale College.

Bulletin of the North Carolina Board of Health.

On the Limitation of the Contagious Stage of Syphilis, Especially in its Relation to Marriage. By F. N. Otis, M. D. Reprinted from the *Journal of Cutaneous and Venereal Diseases*, Vol. IV, March and April, 1886.

Ethics of Female Sterility. By A. Reeves Jackson, A. M., M. D. Reprint from the *Physicians' Magazine*, Vol. 1, No. 3.

Malaria and its Toxic Influences—Malarial Hematuria. By W. O'Daniel, A. M., M. D., Bullards, Ga. Reprint from *Transactions of the Medical Association of Ga., Thirty-Sixth Session*.

Transactions of the Alumni Association of the Woman's Hospital in the State of New York. First meeting, Jan. 20, 1886. Reprinted from the *N. Y. Med. Journ.* for Private Distribution.

Excerpta from the Biennial Report of the Board of Health of the State of Louisiana to the General Assembly 1884-85. Joseph Holt, M. D., President.

Deaths.

DR. WM. O. BALDWIN died at his home in Montgomery May 30. At a meeting of the Medical Society of Montgomery, Dr. R. F. Michel read a paper giving a sketch of his friend's life from which he kindly permits us to make the following extracts:

Mr. President and Gentlemen:

It is with a heart full of sorrow that I rise to pay this feeble tribute to the memory of a friend and brother physician, one of the founders of this society and one of its most distinguished presidents.

I know of no physician in the city of Montgomery, in the past or in the present, who had more unbounded influence over the profession, and in whom they more implicitly relied in times of trouble and anxiety, than William O. Baldwin. Full of integrity and firm and reliant in the expression of opinions carefully considered and thoroughly matured, he had more power among men of all occupa-

tions and professions than any one man in our large and intelligent community.

With a keen perception of the ridiculous, and a brain capable of the most thorough analysis, he was distinguished for his full appreciation of human character and for his wonderful correctness in the diagnosis of disease.

His study of men became a specialty, and his description even of his friends, and particularly of his enemies, was fine and almost photographic.

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Dr. Baldwin always spoke the truth, and this carried with him the confidence and respect of the profession and the people.

The physicians of the country, State and city, appreciating the high qualities of head and heart possessed by this remarkable man, elevated him to the highest positions in their gift. He was president of the American Medical Association and one of its judicial council; president of the Medical Association of the State of Alabama; three times president of the Medical and Surgical Society of Montgomery county, and just appointed one of the vice-presidents of the International Congress soon to meet in our country. He was an associate fellow of the College of Physicians of Philadelphia and an honorary member of the Gynæcological Society of Boston.

Dr. William Owen Baldwin was born on the 9th of August, 1818, in Montgomery county, in the State of Alabama, about four miles from the beautiful inland city bearing the same name. His father, whose name he bears, is a Virginian by birth, and his mother, Miss Cecilia Fitzpatrick, the sister of the Hon. Benjamin Fitzpatrick, was born in Georgia.

Dr. Baldwin, after completing his studies, literary and classical, determined to apply himself to the study of the profession which he did so nobly adorn. At the early age of sixteen years he opened his first medical book in the office of the distinguished Dr. McLeod, of Montgomery.

After being initiated into the duties of an office student, he left for Lexington, Ky., and matriculated at the Transylvania University, in which institution he became the private pupil of Dr. Charles Caldwell, then professor of the practice of medicine. He received the doctorate at the unprecedented (and, as I have often heard him say, unfortunate) age of eighteen years. While in the Univer-

sity, and almost a beardless boy, he demonstrated in his character and acquirements those traits which eventually distinguished him.

Though a graduate of medicine, he determined to continue his classical studies, and made immediate arrangements to go to the University of Virginia. An accident beyond his control prevented his carrying out his laudable determination, but for many of the first years of his professional life he gave to the classics his special attention.

On the first day of May, 1837, he offered his professional services to the citizens of Montgomery, and was so assiduous and attentive to those seeking his counsel and advice, that his practice became at once sustaining, and he was taken into partnership by his former preceptor, who died in twelve months after the occurrence just stated. For ten years he devoted himself to his books, and being very intimate with the distinguished professor of obstetrics, Dr. Wm. M. Boling (who, all know, was an attentive student of the science of medicine), they soon naturally formed an attachment for each other, and this attachment continued to become stronger, until a professional copartnership was entered into between them in the year 1848.

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Dr. Baldwin has distinguished himself during a professional career of forty-nine years, not only as a practitioner of Medicine and Surgery, but particularly as an Obstetrician. The physicians of this city looked up to him as their chief authority on this important branch of medical science.

It is no small feature in the life of this gentleman that he became distinguished as a practitioner of medicine in Montgomery, when he was compelled to meet, in professional competition, such men as Aimes, Boling, Marion Sims, Boseman and Berney.

Dr. Baldwin never permitted even a surgical case to pass out of his office without making an attempt for its relief. He has performed many of the capital operations in surgery.

Dr. Baldwin was a man of no ordinary financial ability, as his ample fortune and banking qualities fully testify. A close and earnest friend, sociable, intelligent, reserved, but ready in speech and action; brave, cheerful and genial, he was not only to be admired, but beloved.

“If to live in hearts we leave behind is not to die, surely

our deceased friend erected for himself many a temple in which his memory lives entombed, and many a warm tear will refresh and embalm it forever."

DR. JOHN I. MILLER, of Sumter, S. C., died on the 4th of June last, and was buried on the afternoon of the 5th. He was one of the oldest and most highly esteemed citizens of his town, and a very successful physician.

DR. GEORGE G. KINLOCH, who was killed in the terrible railway accident on the afternoon of the 7th of June, when the northward bound train of the North Eastern Rail Road went through the trestle over the Santee Swamp, was the eldest son of Dr. R. A. Kinloch, the well known surgeon of Charleston, S. C. Dr. Kinloch Jr., was about 26 years of age, had recently become engaged to be married, and was just upon the threshold of a useful and honorable career. Last year he returned from his studies abroad, and little recked he, that his journey here would be so short.

We sympathize truly with his relatives in their great and irreparable loss.

DR. JNO. M. JOHNSON, of Atlanta, died in that city, May 18, 1886. The *Atlanta Medical and Surgical Journal* speaks of Dr. Johnson in terms of the highest respect, referring to him as Atlanta's oldest, most popular, and best beloved physician.

The June number of the *Mississippi Valley Medical Monthly*, announces the death of PROF. S. H. BROWN, of the Faculty of the Memphis Hospital Medical College, and of DR. J. R. DOUGHERTY, of Holly Springs, Miss. Dr. Dougherty was born near Lexington, Va., July 29, 1802, and died suddenly in Hollow Springs, where he had *lived since 1846, on April 3, 1886.*

DR. W. G. RIDER, a retired practitioner of Baltimore, died at his home in Baltimore Co., May 31, 1886.

MEDICAL NEWS AND MISCELLANY.

TO OUR SUBSCRIBERS.

On the 1st of July we shall send out our yearly bills to our subscribers. Though the subscription is payable in advance, there is a large number of subscribers delinquent two years. A medical journal should be run as much on

business principles as any commercial enterprise. While it may be correct to scatter knowledge of all kinds freely, yet it should not be expected of us to pay people to receive it. At all events, if these bills of the delinquent subscribers are not paid within July, we shall erase their names from our rolls and put their accounts in the hands of an agency for collection.

We regret very much our inability to publish, according to promise in our prospectus, the highly interesting and valuable paper of Dr. J. W. McLaughlin on Dengue.

The paper had been prepared for this JOURNAL, but through misapprehension on the part of the author, was read at the meeting of the American Medical Association in St. Louis. As such reading before this body made it the property of the Association, and called for its publication in the journal of the Association, we could not, mindful of the promise at the head of our original department, conscientiously accept it for publication in our journal, however anxious we were to do so. We make this explanation as much in justice to Dr. McLaughlin as to ourselves.

Another of M. Pasteur's patients, a Roumanian, who had been bitten on May 11th, and who was put under treatment on May 25th, fourteen days later, has died of hydrophobia. He had been under treatment for eleven days, when, on June 5th, he showed evidences of the disease and died with the symptoms well marked.

First, we had Pasteur's positive announcement that his method would protect even if one or two years had elapsed after the bite; this time was subsequently reduced to thirty-five days; later (January 1, 1886), he made the limit *fifteen*, and now he will be forced, in the light of the case of the Roumanian, to modify it to thirteen days.

Dr. JOHN G. GUITERAS has been elected Professor of Pathology and Practice of Medicine and of Clinical Medicine in the Medical College of the State of South Carolina. Dr. G. gave a course of lectures on Physical Diagnosis and Clinical Medicine at the college during the past winter.

Dr. ROCHEFONTAINE, chief of the Laboratory of the Faculty of Medicine of Paris, died recently. He was an active opponent of the microbic theories of Pasteur and Koch, and swallowed a dose of cholera bacilli during the epidemic last year in order to prove their innocuousness.
—*The Medical Record.*

MORTUARY REPORT OF NEW ORLEANS

FOR MAY, 1886.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial.....	3	3	1	5	2	4	6
“ Congestive.....	7	.....	5	2	1	6	7
“ Continued.....	.....	.....	.....	.....	.....	.....	.....
“ Intermittent.....	.....	.....	.....	.....	.....	.....	.....
“ Remittent.....	1	.....	.....	1	.....	1	1
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	1	1	2	.....	2	.....	2
“ Puerperal.....	.....	.....	.....	.....	.....	.....	.....
Fever Typhus.....	.....	.....	.....	.....	.....	.....	.....
Scarlatina.....	1	.....	.....	1	.....	1	1
Small-pox.....	.....	.....	.....	.....	.....	.....	.....
Measles.....	.....	.....	.....	.....	.....	.....	.....
Diphtheria.....	5	.....	3	2	.....	5	5
Whooping Cough.....	.....	.....	.....	.....	.....	.....	.....
Meningitis.....	10	3	4	9	2	11	13
Pneumonia.....	10	8	8	10	7	11	18
Bronchitis.....	5	3	3	5	3	5	8
Consumption.....	46	46	56	36	87	5	92
Congestion of Brain.....	11	4	12	3	6	9	15
Diarrhœa.....	5	9	8	6	6	8	14
Cholera Infantum.....	35	10	21	24	.....	45	45
Dysentery.....	2	1	2	1	3	.....	3
Debility, General.....	5	1	1	5	6	.....	6
“ Senile.....	14	3	8	9	17	.....	17
“ Infantile.....	7	6	4	9	.....	13	13
All other Causes.....	197	79	151	125	163	113	276
.....
TOTAL,	365	177	289	253	305	237	542

Still Born Children—White, 28; Colored 26; Total 54.
 Population of City.—White, 173,500
 “ “ Colored, 64,500

Total, 238,000
 Death rate per 1000 per annum for month.—White, 25.24.
 “ “ “ “ “ “ Colored, 32.93.
 “ “ “ “ “ “ Total, 27.32.

W. H. WATKINS, M. D.,

Sanitary Inspector

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have, therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—MAY.

STATION—NEW ORLEANS.

DATE	Daily Mean Barometer.	Daily Mean Temp't'e	Daily Max. Temp't'e	Daily Min. Temp't'e	Daily Rain fall, inches.	GENERAL ITEMS.
1	29.965	65.7	74.7	58.9	....	Highest Barometer, 30.166, 16th.
2	30.051	66.2	75.7	60.3	....	Lowest Barometer, 29.834, 30th.
3	30.095	68.8	78.1	61.0	....	Monthly Range of Barometer, 0.332
4	30.075	69.8	78.0	63.1	....	Highest Temperature, 90.7, 31st.
5	30.060	70.5	80.0	62.2	...	Lowest Temperature, 57.4, 18th.
6	29.991	73.2	83.8	62.7	....	Monthly Range of Temperature, 33.3
7	29.886	74.8	81.6	70.8	....	Greatest daily range of Temp't'e, 21.7
8	29.941	74.0	84.0	68.5	....	Least daily range of Temperature, 8.8
9	29.930	71.7	84.0	65.1	....	Mean daily range of Temperature, 16.4
10	29.981	72.0	82.8	63.4	....	Mean Daily Dew-point, 62.7
11	30.024	74.2	85.0	63.9	....	Mean Daily Relative Humidity, 73.9
12	30.059	75.4	85.4	69.3	....	Prevailing Direction of Wind, S. E.
13	30.013	75.5	86.9	66.8	....	Total Movement of Wind, 4,577 miles
14	29.953	75.3	85.0	68.3	....	Highest Velocity of wind and direction, 23—N.
15	29.992	71.4	77.0	68.2	1.38	No. of clear days, 15.
16	30.095	68.8	76.8	60.9	...	No. of fair days, 13.
17	30.078	67.4	73.2	63.9	....	No. of cloudy days, 3.
18	29.897	61.9	66.9	57.4	1.33	Dates of Lunar Halos, 16.
19	29.892	66.7	74.8	58.9	....	Dates of Thunderstorms, 15, 30, 31.
20	29.907	68.5	77.4	60.9	....
21	29.935	69.8	79.7	63.8	.02	
22	29.989	74.8	85.1	65.6	....	COMPARATIVE MEAN TEMPERATURE.
23	30.027	77.2	88.0	70.0	....	1873.....73.7 | 1880.....76.6
24	29.951	77.6	89.1	70.6	....	1874.....75.7 | 1881.....77.0
25	30.007	77.4	85.1	71.8	....	1875.....76.2 | 1882.....74.4
26	30.029	77.2	87.6	71.0	....	1876.....74.8 | 1883.....74.3
27	29.985	78.2	87.9	69.7	....	1877.....73.5 | 1884.....76.4
28	29.917	76.2	84.1	70.8	....	1878.....75.5 | 1885.....73.9
29	29.921	76.9	86.2	70.6	....	1879.....76.5 | 1886.....
30	29.919	76.7	90.0	69.5	.21	
31	29.896	77.9	90.7	69.0	.13	
Sums	.....	.....	.....	.....	3.07	COMPARATIVE PRECIPITATIONS. (Inches and Hundredths.)
Means	29.983	72.6	.....	.....	.....	1873.....18.68 | 1880.....1.58
						1874.....22.00 | 1881.....3.20
						1875.....2.53 | 1882.....6.86
						1876.....7.10 | 1883.....5.41
						1877.....1.48 | 1884.....4.33
						1878.....8.11 | 1885.....5.77
						1879.....4.63 | 1886.....3.07

M. HERMAN, *Sgt. Signal Corps, U. S. A.*

Mind your Eyes!

Translated (with the author's permission) from the French of

FRANCISQUE SARCEY,

—BY—

HENRY DICKSON BRUNS, M. D.,

Visiting Oculist to the Charity Hospital, New Orleans.

PUBLISHED BY

The New Orleans Medical Publishing Association.

This is a very charming little book; and, being little and being charming, the reader cannot relinquish it without having read it through. There results therefore, a very strong impression in favor of the book, and it may be rationally argued that one large dose of a small book is calculated to do more good than many homœopathic doses from a larger one. The effect produced is more vivid, and, if the subject is well handled, a more complete knowledge of it is attained.

Mr. Francisque Sarcey's chief object in thus writing is to warn myopic people to wear glasses in time, and thus to avoid the danger of cataract. As being himself the victim of very high myopia, and having, through neglect and ignorance of the impending danger, lost one eye and in the other suffered from a cataract, which was finally removed, he feels impelled to write out for the benefit of his fellow sufferers all the particulars of his case. He does this in a style at once simple and philosophical, and in the particular vein of humor so eminently French.

It would be very pleasant to give portions of his narrative here, but as the book is within the reach of every reader—and as every reader should certainly possess a copy of it—that is scarcely necessary. So far as the accurate scientific knowledge displayed in the little work is concerned, it need only be said that Dr. H. D. Bruns has given it the high sanction of his endorsement.

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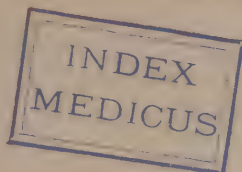
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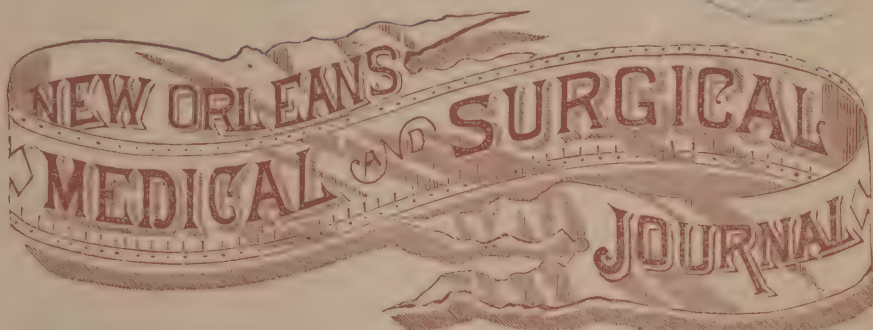
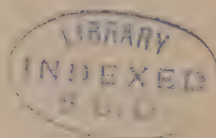
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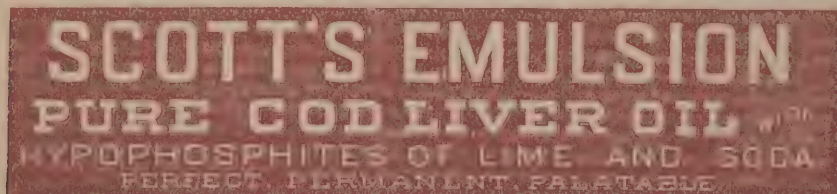
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AUGUST, 1886.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Iliac Phlegmons ; Some Considerations of Anatomical and Surgical Interest.*

By RUDOLPH MATAS, M. D.,

Demonstrator of Anatomy Medical Department, Tulane University of Louisiana ;
Visiting Surgeon Charity Hospital, New Orleans, La.

(Concluded from last month.)

PART II.

SURGICAL CONSIDERATIONS.

In inflammations of the iliac fossa, as in those of the pelvic cavity, the practitioner, after determining the nature and seat of trouble, must aim at either one of two objects : 1st, At resolution, if the patient is seen prior to suppuration, or 2d, in case the patient is seen when the latter event has occurred, at the evacuation of the pus at the earliest possible moment.

With regard to the first object, I will have little, if anything, to say, as in the present article it is my purpose to consider this subject almost exclusively in its surgical relations. It is well to note, however, that the prophylaxis of

*Read before the Louisiana State Medical Society, April, 1886-

suppuration in the iliac fossa depends in a great measure: (1) on the *time* when the patient is seen, (2) on the recognition of the etiological factor in the case, and (3) in the particular seat of the inflammation.

It should be borne in mind that acute *subperitoneal* cellulitis in the male is due in 80 cases out of 100 to inflammatory diseases of the appendix vermiformis, or of the cæcum, and that this in turn is due to either fecal impaction, ulceration or lodgment of a foreign body in the appendix.

It is plain, therefore, that the first endeavors should be directed toward the removal of the causative factor and the relief from these primary evils.

In the female, puerperal and other gynæc conditions tend to the special propagation of inflammation from the pelvic areolar tissue to the iliac fossæ, and especially toward the left fossa, as is pointed out by Mèniere, Monneret, Fleury and others. Such forms of cellulitis must be treated under the same principles that guide the practitioner in the treatment of similar conditions in other localities. It is pretty certain, however, that once an inflammation has been started in subperitoneal or subaponeurotic connective tissue of the iliac fossa, it will matter little what treatment is followed—whether we cup or leech, blister or counter-irritate by local plasters or embrocations—the inflammation will run almost surely into suppuration.

This is equally if not specially true of inflammations which start in the connective tissue under the iliac fascia, which constitute the sheath of the psoas and iliacus, or when the inflammation begins as a primary myositis due to a strain or rupture of the fibres of the ilio-psoas muscle. In such cases the inflammation is still more deeply seated, and consequently still further removed from the influence of any local applications.

In the treatment of all forms of iliac cellulitis, whether the patient gives evidence of purulent infection or not, the surgeon must always explore the fossa for pus, even if attempts are being made to abort the inflammation by topical means. It is at this time that the hypodermatic

syringe or the exploring needle of the aspirator proves of precious and inestimable value. If a non-fluctuating tumor is detected in the fossa, the needle should be driven into it and its substance explored for pus. If there is no localized tumefaction or fluctuation, then deep punctures should be made in at least three points: 1st, a puncture above Poupart's ligament close to the anterior superior iliac spine; 2d, below Poupart's ligament, in the outer half of the base of Scarpa's triangle, close to the anterior inferior iliac spine, and 3d, a puncture in the lumbar region in or about the space usually described as Petit's triangle, and which is bounded externally by the external oblique, internally by the erector spinæ, and inferiorly by the iliac crest. The first puncture is especially intended to reveal subperitoneal or supra-aponeurotic inflammation (usually inflammation connected with the cæcum or its appendix); the second (below Poupart's ligament) will tend to detect pus if there is an infra-aponeurotic abscess; and the third will explore with special effectiveness the posterior part of the fossa.

Dr. William T. Bull, of New York, in his recent and exceedingly instructive paper read before the Practitioners' Society of New York, February 5th, 1886, states that he has "several times drawn pus from the iliac fossa through punctures made in the lumbar region downward and forward towards the middle of the fossa, when punctures directly into the fossa or in the tumor occupying it were fruitless. A good-sized needle is indispensable (No. 3 or 4 of the French scale for urethral instruments) and a tight syringe. These punctures are harmless—we are all familiar with their value in diagnosis, but I would like to emphasize the advantage of making such thorough exploration as I have described."

Dr. Bull also claims and justly too, something more for the needle, and that is, "that it is the only trustworthy means of ascertaining the presence of pus. Both the general symptoms and the local conditions mislead us in this respect. There are patients who are attacked with high fever, severe pain, chills and even sweating, whose inflam-

mation undergoes resolution ; and there are others in whom the abscess reaches greater proportions with trifling disturbance.

To illustrate this point Dr. Bull quotes a case from a paper by Dr. R. F. Noyes,* in which the formation of an abscess was indicated by chills, pointing, and a temperature of 103.4° F. The case terminated suddenly by absorption. There was no discharge from the rectum and no external opening. The reverse occurred in one of Dr. Bull's patients. In this case B. was lulled into a feeling of security by the absence of constitutional symptoms and allowed a week to elapse before making an exploration with a needle, while an abscess of huge proportions was present all the time." I could add another instance illustrative of this point in the case of a male child in whom marked tumefaction and fluctuation, over Poupart's ligament were discernible before constitutional symptoms presented themselves.

"Dr. Sands, in 1880, expressed a similar opinion, stating : Everything depends on an exact diagnosis, and I would suggest a more frequent employment of the aspirator, as affording the most reliable test at our command."

Supposing that we have determined the seat of suppuration we must now ask ourselves which is the best course to pursue in order to secure its early and complete evacuation?

Here allow me to pause one moment to consider, if only synoptically, the history of the developments which have taken place in this branch of surgery from the earlier days of the timid and disastrous past to the present days of bold and, I am pleased to add, successful surgery.

There is no doubt that the dread of wounding the peritoneum has been one of the greatest drawbacks to the operative treatment of these abscesses ; add to this a faulty knowledge of the anatomy of the parts concerned in the formation of these abscesses and we will appreciate the reasons which deterred the earlier surgeons from interfering with the course of iliac phlegmons.

*Perityphlitis, By Robert F. Noyes, Transactions R. I. Med. Society, 1882.

We may state in general terms that down to the middle of the present century or perhaps a little later, abscesses of the iliac fossa were permitted to progress without interruption to a spontaneous evacuation, or if any artificial opening was attempted it was always done when the discharge of pus through the skin was imminent.

It was not understood that in the majority of cases, when fluctuation or induration could be detected above Poupart's ligament, the purulent focus could be penetrated with impunity for it was not generally known that these purulent accumulations were, as a rule, altogether subperitoneal, and that the peritoneum was in most instances very effectually protected from invasion. In older days, an incision into the abdominal wall meant almost certain penetration of the peritoneum, to be followed by all its disastrous consequences. It was the peritoneum and always the peritoneum, which inspired that dreadful awe which, as we all know, has lingered to the present day and which has taken over a decade of the most aggressive abdominal surgery to overcome. All these factors doubtless combined to cause our older predecessors to look at these purulent collections with a timidity that would have been mortally shocked by the daring and, I am inclined to add, violent aggressiveness which is being continually displayed in the surgery of to-day.

It was really not until MM. Husson and Dancé made known their splendid studies in this field in 1827, that the anatomy of the iliac abscesses was understood and the practicability of opening them through the abdominal wall, was made at all apparent. Still, we find that Dancé himself and other contemporary surgeons advised an expectant treatment and taught that these abscesses should be allowed to open spontaneously. Other surgeons followed after, who, appreciating the beneficial effects that would redound from operative intervention, practiced and maintained the old and healthy doctrine, *ubi pus ibi incisio*. Such was the practice of Dupuytren and subsequently that of the scholarly Velpeau whose lectures in iliac phlegmons could

stand, even after the four decades that have swept over them, as models of magisterial teaching and observation.

The position of most surgeons since the days when the teaching of the great old school of French and English clinicians left such a deep impression on the medical mind of the world has been of a decidedly conservative character until the present decade, when the success which has attended the more daring procedures of American operators has inclined the surgeons of the day to a much earlier and more vigorous policy. The state of practice in Europe, especially during the last decennium, 1870-80, may be, perhaps, as well illustrated by the authoritative expression of the French surgeon Déspres* as by that of any contemporary writer. "In principle," says Déspres, "abscesses of the iliac fossa, which have not passed the 15th day are never opened too soon; if so many misfortunes have been recorded up to this day, after opening such abscesses, it is simply because they have been opened too late." Here, then, we find a strong impression in favor of early evacuation, but still would the author have endorsed the plan of operating on such phlegmons even before *fluctuation* was detected, or what is more, even before suppuration has taken place, as Bull has recently done and recommended? Would this surgeon have advocated laparotomy for *subperitoneal* (perityphlitic) phlegmons as a primary operation? No, we greatly doubt if he would have regarded any such procedure as rational, even at so late a period in medical history.

It is in this particular that American operators have inaugurated a new practice, i. e., the opening of these abscesses even before fluctuation can be detected, and also by the practice of laparotomy. The practice of opening an iliac phlegmon, the so-called *perityphlitic* especially, was suggested as early as 1856 by Dr. George Lewis, of New York, in his excellent essay "on abscesses and other diseases consequent upon the lodgment of foreign bodies

*Déspres, loc. cit. (Part 1.)

in the appendix vermiformis.”* Though Dr. Lewis first advocated the early evacuation of subperitoneal (perityphlitic) abscess by an abdominal incision, as for ligature of the iliac artery, he really did not perform the first operation of this kind. Dr. Lewis himself gave the credit of the procedure to Mr. Hancock, of London, whose case was published in 1848 in the *London Medical Gazette*, and in the *American Journal of the Medical Sciences* in 1849. In commenting upon this case and the operation, Dr. Lewis says: “If resorted to at all, the opening should be made early. If the symptoms are urgent and threatening it must not be delayed on account of the absence of fluctuation.”

Though it is true that the first recorded case of this operation was that performed by Dr. Hancock April 17, 1848, and recorded the same year, still it was Dr. Willard Parker, of New York, who first actually performed it. Dr. Parker operated by incision as early as 1843 but no record was made of it until 1867, when in the *New York Medical Record* of March 1st of that year Dr. Parker reported four cases, with dates, of this operation performed by himself. Dr. Parker said in this paper:

“In 1843 I was called in consultation to visit Dr. T., of Brooklyn. He had been confined to bed for some weeks suffering from pains in the bowels, constipation, disturbance of system, fever, tenderness in the right inguinal region, etc. On examination, I found a swelling in the neighborhood of the iliac fossa, in which questionable fluctuation existed. An opening of exploration was made which justified a free incision. I accordingly cut down into it, and evacuated the contents of the abscess; with the pus a little concretion the size of a raisin seed came out. In a short time the patient recovered, and is living now, in good health.”

The operations reported by Dr. Parker at this time, together with an operation reported by Dr. J. H. Hobart Burge in the *New York Medical Record*, June 1st, 1867, (performed, however, by Dr. Parker) established as it were anew the propriety of this operation, and from New

**New York Journal of Medicine*, 1856, November,

York as a centre and from Dr. Parker as a surgeon, the procedure became generally known and considered.

Thus it may be justly said that the operation for perityphlitic abscess is of American origin, and that Dr. Willard Parker was the operator.*

In 1875 considerable attention was directed towards the operative treatment of perityphlitic abscess by the appearance of a valuable contribution from the pen of Dr. G. W. S. Gouley in the transactions of the State Medical Society of New York, in which this able surgeon strongly urged the general acceptance, by the profession, of Parker's operation. He reported in this paper the result of twenty-five reported cases which included Drs. Parker's and Hancock's cases, and those of Stiegle, L. Weber, Krackowitzer, Sands, Chs. Kelsey, S. B. Ward, Whitall, J. P. P. White, Gurdon Buck, J. R. Wood, J. C. Hutchison, Bontecon, Lea and Yonkers—in all twenty-five operations with two deaths.

These favorable reports certainly assisted in popularizing the operation as is proven by the valuable contributions that have since appeared. Among these I would mention as prominent American contributions to the literature of the subject, the papers by Dr. Sands (*Annals of the Anatomical Society of Brooklyn*, Vol. II, No. 7, 1880); by Dr. A. Vanderveer, of Albany, New York, 1880*; by W. C. Wey, of Elmira, New York, 1880†; R. F. Noyes, 1882‡. But perhaps few of these have proved more suggestive and interesting than the recent article which Dr. William Bull has contributed in the *New York Medical Record* for 1886.

This contribution is certainly a brilliant illustration of that bold and practical spirit which has so emphatically individualized American surgery. It deals with exceptional clearness with some of the most vital points at issue in the

*Quoted from the valuable essay by Dr. Robert F. Noyes, on Perityphlitis, loc. cit.

*Typhlitis and Perityphlitic. Reports of nine cases with remarks. Transactions State Medical Society, New York, 1880.

†Perityphlitis. Report of a case to which is appended a table of sixty cases with operations and results. Transactions New York State Medical Society, 1880.

‡Loc. cit.

surgery of "perityphlitic" abscesses, and as the representative of the most advanced opinions on the subject, I will not hesitate to quote them freely and repeatedly. In perityphlitic abscess (subperitoneal phlegmon), the great question has been to determine the proper time to operate. Bull says: "I have but one suggestion to make on this point, and that is, that in determining the time to operate, the duration of the illness should play a role subordinate to that of the results of exploration with the needle. It is certainly undesirable to operate early, when the pus may not have formed or the inflammation be going on to absorption. It is equally undesirable to defer the incision and subject the patients to the risks of an unfavorable course on the part of the pus. A sort of "time allowance" has been fixed by some surgeons. Gouley fixes the seventh or eighth day. [Parker, after the fifth day and before the twelfth.] Weber, not beyond the ninth or tenth. Sands, from the twelfth to the eighteenth day. [Désprés, at furthest the fifteenth day.] From this discrepancy it is obvious that the "time allowance" is of no use, and that it will be far wiser to be guided by the evidence afforded by the *needle exploration*."

The superiority of Parker's procedure over the old plan, which counseled expectation until excessive maturation of the abscess had taken place, is now a fact established beyond all controversy.

In a summary of sixty cases from various sources in which early and late incision had been performed, Dr. W. C. Wey,* of Elmira, N. Y., reported (1880) that forty-four recovered; twelve died; one left in poor health; three not stated.

In the carefully prepared paper of Dr. Noyes, of Providence, R. I., already mentioned, we find an analysis of one hundred cases of perityphlitis treated by operation; of these, eighty-five per cent. recovered. The mortality was but fifteen per cent. "In the sixty-seven cases collected

* Loc. cit.

by myself in 1872," says Bull, "where no early operation was done, the mortality was forty-seven per cent!"

"I have yet to hear of a single operation which has led to bad results. Even when no pus was found, the incision has proven of use in relieving the pain and fever and diminishing the tension and in directing the course of the pus to the surface. Several such cases have been reported. In one instance I found pus with the needle but could find none in incising the abdominal wall and none appeared subsequently except from the wound."

In regard to this opinion, I must disagree with the writer. I believe with Gouley that *too much haste* in cutting is not judicious as I cannot conceive of the necessity of making an open wound in any case simply to facilitate the outward course of a *future* purulent collection that may never form. Dr. Bull has already quoted a case from Dr. Noyes, which he refers to to illustrate the fact that even when marked constitutional symptoms are present an abscess may be aborted or absorbed (?).

Certainly it appears to me that the most judicious course is always to determine the presence of pus and when this is once found then not to delay in effecting its evacuation.

From the preceding remarks it is plain that *early* incision and evacuation tend by far toward the most successful issue in the treatment of subperitoneal (perityphlitic) iliac phlegmons. In the subaponeurotic variety, when the diagnosis is well established, the danger of a spontaneous evacuation into the peritoneum is not as great, and consequently there is not as much risk in waiting. In fact, I believe that in some forms of advanced subaponeurotic iliac phlegmons in which the pus has descended from the lumbar region and has destroyed to a great extent the substance of the muscular and connective tissue under the iliac fascia, that evacuation by Dieulafoy's aspirator and the washing of the abscess cavity with iodoform ether (through the aspirator) as recently suggested by Verneuil* in the treatment of cold abscesses may prove more advantageous as the drain from

*Verneuil, *Revue de Chirurgie*, May, 1885.

the enormous secreting surfaces presented by these very large cavities, when of long standing, is extremely exhausting. I must confess, however, that my inclinations would lead me in the treatment of most forms of iliac phlegmon, to follow the example of Andrews, of Chicago, *i. e.*, to evacuate *tuto et cito*, with the knife and to drain thoroughly and systematically as this eminently practical surgeon does in lumbar abscesses. It is very difficult to formulate definite guiding rules that can cover the exigencies of all cases, for each patient presents certain individual features that differentiate his case from that of others; but still, if I were asked to lay down some general rules I would say, as the result of my experience and of research:

1st. In all forms of *subperitoneal* iliac phlegmon, whether caused by intestinal lesion or otherwise, operate as soon as pus has been detected. Incise freely and drain thoroughly.

2d. In all forms of subaponeurotic phlegmon, whether the result of simple cellulitis, psoitis from strain, etc., incise freely and drain thoroughly if abscess is seen in its incipency. Proceed more cautiously if abscess is seen late, and after great disintegration of tissue has taken place.

The question that now presents itself, and, doubtless with special force to the inexperienced practitioner, is, what is the best and safest way of reaching the abscess cavity in the early stages of the disease? Of course, the greatest danger to be feared in attempting the early evacuation of the purulent focus when situated in the iliac fossa and above Poupart's ligament is the wounding of the peritoneum; the other risk incurred, is that of wounding important vessels which may give rise to serious hemorrhage. Either of these risks is reduced to a minimum, and, in fact, can hardly be incurred by any operator possessed of even a modicum of anatomical knowledge; but if either of these accidents should complicate any such operation, the protection offered by the Listerian dressing, on the one hand, and the facility of applying hemostatic measures on the other, ought to diminish the surgeon's liabilities to com-

paratively safe proportions. If we again consider the peculiar anatomical disposition of such abscesses (vide Part I.), even the most inexperienced should be reassured.

It should be remembered, as already stated, that perityphlitic abscesses, so-called, are, as a rule, subperitoneal, and that by the time the exploring needle has detected pus—which should be the indispensable prerequisite, the *sine qua non* to all operative interference—the pus and plastic exudation have removed the dangerous serous membrane from the path of the knife, and that in consequence the surgeon will not, in eight cases out of ten, even see or touch the peritoneum. Furthermore, by keeping the exploring needle *in situ* (after it has drawn pus) as a guide (Buck's method) and cutting down beside the needle the operator should have no trouble in reaching the purulent focus.

Now there are three incisions which may be required according to the situation of the focus of pus:

These may be either (a) above Poupart's ligament; (b) below Poupart's ligament, or (c) in the lumbar region above the iliac crest.

If the pus is detected above Poupart's ligament it will generally indicate a subperitoneal phlegmon and the only other purulent collections that could be mistaken for it would be either a circumscribed intraperitoneal abscess, or a subaponeurotic abscess, that would have ulcerated its way through the iliac fascia and penetrated the subperitoneal space as in a case reported by Pfeufer, * in which an abscess pointed above and below Poupart's ligament. But these conditions are exceptional, and even if they should exist and the case be not one of subperitoneal abscess, the treatment would be the same. Therefore, the aim of the surgeon should be to reach the areolar layer between the transversalis fascia and the peritoneum (Vide Pl. 4, Part I). In such a case an incision should be made above and parallel with Poupart's

*C. Pfeufer Obs. d'abcess bilobée passant au-dessus et au-dessous de l'arcade de Fallope.—*Gaz. Méd. de Paris* 1834.

ligament and extending outwards towards the iliac crest. The incision can be made two, three, four or more inches according to the judgment of the operator. Dr. Parker recommended an incision four inches in length. Dr. Sands thinks the incision need not be more than 5.08 c. m. (two inches). After cutting through the external and internal oblique muscles and transversalis fascia with a director or without it, according to the self-reliance and ability of the operator, the knife should pause before the transversalis fascia and the surgeon see if any evidences of a pus focus are apparent. At this part of the proceeding, the hypodermic syringe should be introduced (if it has not been used as a guide) and a search made for the pus. If pus is found but not in immediate proximity with the transversalis fascia, this membrane may be carefully incised and the peritoneum examined. The peritoneum, of course, should not be penetrated under any consideration if presenting a healthy appearance and if there are evidences that the abscess is altogether extra-peritoneal. A careful search may be made for a purulent focus by carefully separating the peritoneum from its underlying connections but, as a rule, this is impracticable owing to the adhesions that bind together the transversalis fascia and the peritoneum as a result of inflammatory action.

In cases where the exudation can be felt above Poupart's ligament, the pus usually presents itself immediately upon reaching the transversalis fascia, so that the barest incision into it will cause the confined pus to escape freely.

In a case which I operated on last summer (1885), and already referred to in part I, when discussing the postural phenomena of iliac phlegmon, when the knife reached the transversalis fascia, the matter gushed forth in a copious stream seeming to tear its way through this softened aponeurosis as soon as the resistance of the muscular layer had been removed. As tending to still further elucidate the operative technique in very early abscesses the following details from a report of one of Dr. Bull's recent cases will prove instructive. In this case a "perityphlitic

abscess was opened only *forty-eight* hours after the symptoms had become acute, and the patient took to bed. In this instance the operation was performed at an earlier moment than in any other case that has been recorded, and it was mainly through the instrumentality of the hypodermatic syringe and exploring needle, that this early recognition of pus formation was brought about. The needle, thrust to a depth of three inches directly backwards into the iliac fossa produced no pus; nor was any obtained when it was thrust in front of and behind this site. A longer needle was then pushed from a point behind and above the anterior superior spine, towards the middle of the fossa, a depth of four inches, and through the syringe was drawn very offensive and bloody pus. The incision was made a few hours later, under ether, above and to the outer side of Poupart's ligament. "The transversalis fascia was thickened and of a grayish color, the muscular layer absolutely healthy in appearance. An incision through the fascia evacuated about one ounce of pus, very dark from blood and of a characteristic odor. * * * An elastic bougie showed that it extended from the centre of the incision, about two inches towards the symphysis, and three or four toward the lumbar region. The pain and fever disappeared the next day. In seven weeks the case was entirely well."

The only vessels that can be wounded in making the incision above Poupart's ligament, are the superficial and deep epigastric and the circumflex ilii arteries. By keeping to the outer side of a line drawn from the middle of Poupart's ligament to the umbilicus, and by making the incision half an inch to one inch above the ligament, the arteries will be avoided.

If pus should be detected very deeply in the fossa and manifest a tendency to accumulate in its lumbar portion, a vertical incision can be freely made on the outer side of the erector spinæ and quadratus lumborum just above the iliac crest, and the pus evacuated in this situation. This was Dupuytren's method, but it is rarely required and has proved unsatisfactory in practice.

If the needle should draw pus under the crural arch, close to the anterior and inferior iliac spine, then it is very probable that the case is one of infra-aponeurotic abscess. In such a case, the abscess, if acute, can be reached and evacuated by an incision made vertically and parallel with the femoral vessels, in the outer half of Scarpa's triangle. By this incision, which is known in Mexico as Chacon's incision (as it was first recommended by Prof. P. de Chacon of the Medical College of that city), the psoas and iliacus sheath can be readily explored and if any pus is confined under the iliac fascia it can be readily removed.

I believe we have run over the more salient and difficult features presented by the ordinary surgical treatment of acute iliac abscess and I will not burden your considerate attention by devoting any further consideration to the simple extra-peritoneal surgery of such abscesses. Nor will I speak of the after treatment of such cases, which, as every educated practitioner knows, should be conducted under the same principles that govern the antiseptic treatment of abscess cavities in other situations. I would only call attention to two points of some practical value in connection with the after treatment, and they are: first, that as a dressing, few agents can equal in value a mixture of iodoform and oil (3i-ii to 3iv), particularly in cases of fecal abscess; secondly, I cannot urge with too much emphasis, the great importance of rest in the final cure of iliac abscesses. I have seen unfortunate results follow an impatient attempt to walk made by a patient shortly after an abscess had been incised.

In this case excessive suppuration followed this premature exertion which prostrated the patient exceedingly, and required a secondary operation to drain the cavity. It was only by dint of the greatest attention to his nutrition and other hygienic measures that that patient was saved.*

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*I am pleased to notice that in a very recent contribution to the subject read before the N. Y. Surgical Society, May 15, 1886, Dr. H. B. Sands lays great stress upon the subject of rest in the after treatment of perityphlitic abscesses.

A brief survey of the surgical treatment of perforative ulceration of the cæcum or of the vermicular appendix will not be out of order at the end of this commentary on the surgery of iliac abscesses. Ten years, and even five years ago, perforation of the bowel with fecal extravasation into the peritoneum or spontaneous evacuation of a so-called perityphlitic abscess into this cavity, would have enjoined the surgeon from all further operative interference and would have sounded the funeral knell of the patient. To-day the whole aspect of such cases has been changed simultaneously with the introduction and development of the operation of laparotomy for the treatment of intraperitoneal diseases. What in the past would have been regarded as a signal for discontinuance of treatment is regarded to-day as the signal for the most active and determined interference.

Dr. Noyes, in the admirable essay already referred to, says: "How shall we treat that great class of cases of perforation of the appendix vermiformis in which there is no circumscribed collection of pus? It would be useless for me to enumerate or analyze the cases of this class which are recorded in great numbers in the medical journals. These cases are frequently insidious in their approach, and at least no urgent symptoms are present, till perforation has ensued, when severe localized, followed by general, peritonitis, collapse and death confront the physician. A number of years ago, I lost one such case; a brother practitioner of this city has, to my knowledge, lost two; another practitioner, a member of this society, suddenly and unexpectedly lost one; and other members of this society can doubtless recall numerous other cases. For the relief of these cases, Dr. Byrd* advocates abdominal section, the washing out of the peritoneal cavity, and the stitching of the perforated portion of the intestine to the edges of the wound. Dr. T. Herring Burchard, read before the New York Academy of Medicine, Nov. 18, 1880, a paper in which he advocated a transverse incision commencing 5:08

*Trans. Am. Med. Association, 1881, xxxi, 443,

cm. (two inches), in front of the anterior border of the longissimus dorsi muscle, and extending forwards about 15.24 cm. (six inches), parallel and just above the crest of the ilium. Through this incision the cæcum can readily be reached the abdominal cavity thoroughly cleansed, and the edge of the perforation stitched to the wound.

“I have failed to find any recorded cases in which this procedure has been attempted. However plausible and important this operation really is, the difficulty of certainty of diagnosis will stand an almost insurmountable obstacle to its adoption. Medicine is useless in these cases, except for the production of euthanasia and surgery cannot even accomplish this.”

The remarks just quoted were written nearly four years ago (1882), and since that time great strides have been made in peritoneal surgery, which have tended to modify the rather pessimistic views taken by the writer. There is no doubt, however, that the majority of such cases are doomed to a fatal termination, even now, and that little hope can be entertained for the victims of this unfortunate complication.

But, still the success which has recently attended the operation of laparotomy in other forms of perforation of the bowel, accompanied by fecal extravasation, are much more encouraging than in the past.

No doubt can now be entertained as to the efficacy, and, in fact, necessity of laparotomy in cases of perforation of the intestine from gun-shot or other traumatic injuries. This question, in fact, has been definitely settled by the successful and brilliant results of late clinical experience. Nussbaum, Albert, Hueter, Gross, Berger and Zesas first sanctioned and encouraged this operation by their authoritative approbation, and the success which has attended the operations of Kocher, Bull, Hamilton, Dennis and G. Tilling, have finally given this operation a standing as generally recognized, as is that of laparotomy for diseased ovaries, etc.

Laparotomy for non-traumatic perforation, however, has

not been so frequently done, and statistical data are meagre, but certainly since the last three or four years enough has been done to indicate progress to the extent of saving life, which is the best argument which could be urged in favor of the operation.

There are still some prominent surgeons who, like Beck, still cling to the opinion expressed by Noyes in 1882, and who prefer the nominal chances of a spontaneous recovery, assisted by rest, opium, diet, etc., but we believe that we would fairly state the opinion of the majority if we were to say that all cases of perforation of the intestinal tract, traumatic, or otherwise, with or without peritonitis, should, as a rule, be operated on by laparotomy, excepting, of course, those cases in which the patient is manifestly in a lethal collapse. This is at present the opinion of Leyden, Landau, Litten, Israel, Kuh, Rydygier, Miculicz, and almost the whole school of modern German surgeons.

In this country the very recent papers by Bull* and Sands,† of New York, Homans,‡ of Boston, and McFarland Gaston,§ of Georgia, could tend to show a decided agreement between our trans-Atlantic brethren and ourselves.

Prof. J. Miculicz* in a very recent communication read before the fifty-seventh meeting of German naturalists in Magdeburg reviews this subject thoroughly and presents the histories of three very interesting cases in which laparotomy was performed for non-traumatic perforation of the bowel. Of these three cases, two died and one recovered.

The first case was that of perforating ulcer of the stomach with extravasation of contents into the peritoneum, in a male adult, aged 25-30. This patient was seen in an advanced state of collapse. Death supervened three hours

*Bull, loc. cit.

†Sands, loc. cit.

‡Homans, New York Medical Record, May 1, 1886.

§Gaston, Surgical Relations of Ileo-Cæcal Region. Trans. Am. Med. Asstn., Med. News, May 29, 1886.

*I am indebted for an admirable abstract of Miculicz's report and many references, to an admirable editorial review in the *Annals of Surgery* for May, 1886, by C. J. Colles, to which I would especially refer my readers.

after the operation, which consisted in abdominal section, closing the perforation with sutures, and washing the peritoneum.

The second patient was an adult aged 49, who suffered with suppurative peritonitis consequent upon a perforation of the appendix vermiformis with fecal extravasation. Laparotomy was performed in this case but the site of the perforation was not discovered, consequently the appendix was left undisturbed. The peritoneum was washed thoroughly and much pus removed from the cavity. Patient improved considerably but finally succumbed five days after in consequence of fresh extravasation.

Miculicz believes that if the perforated vermiform appendix had been excised and the opening in the cæcum closed, the inflammatory symptoms would have subsided and the patient would have recovered.

The third case a male æt. 40 presented symptoms of intestinal obstruction and peritonitis. The diagnosis of sero-purulent peritonitis caused by intestinal incarceration was made. Laparotomy was performed 72 hours after commencement of illness, and after all remedial measures failed two pints of offensive smelling purulent matter escaped; intestines adherent. Pieces of undigested potato in peritoneum and other evidences of perforation present. Perforation found in small intestine in left side just above crest of ilium. Perforation sutured. Abdomen closed after thorough toilette had been done. Notwithstanding serious complications patient *recovered* and left hospital eleven weeks after operation. The perforation was due in this case according to Miculicz to typhous ulcer.

Litten observed a case similar to the third case of Miculicz. "The operation was performed by Schroeder. There were symptoms of circumscribed peritonitis in the right iliac fossa and a subcutaneous phlegmon with partial gangrene of the cutis. The intestine was found perforated and the opening closed. Recovery took place in five weeks, a fistula in the lower part of the abdominal wound, however, remaining. Billroth operated in a case of perfo-

ration of the sigmoid flexure caused by a foreign body (paint brush). The patient already greatly collapsed, died the same day. A case described by Chaput greatly resembles Miculicz's second case. The abdomen was closed after about 400 grammes of fecal smelling pus had escaped. Death fifteen minutes later. The autopsy showed that the vermiform appendix was perforated by an intestinal calculus."

In all these cases the laparotomy was performed by median incision.

In another case of perforation of appendix vermiformis and evacuation of perityphlitic abscess reported by Dr. Sands in his recent paper before the New York Surgical Society, lateral laparotomy was performed by an incision over the seat of trouble. In this case death supervened four hours after the operation. In the report which furnished an abstract of this paper, the details are not fully given and I am not certain yet whether the pus which had been extravasated into the peritoneal cavity had been removed or not.

I have found a reference to the effect that in 1875 Dr. Edmond Dulin Laughlin, of Orleans, Indiana, performed a laparotomy for the relief of a perityphlitic abscess from which forty-five ounces of pus were discharged; the particulars of this remarkable case have not been published, as I have nowhere found a record of the details of the operation. If a *real* laparotomy was performed in this case it would not only be the first case of its kind on record west of the Alleghanies as claimed for this operation, but it would be the first of its kind on record anywhere.*

It is very probable, however, that this laparotomy was simply an oncotomy, or, in other words, only an incision through the abdominal wall into the cavity of a subperitoneal abscess which had projected above the iliac crest and had contracted adhesions to the abdominal wall. It might have also been an encysted intraperitoneal abscess without

*See *Atkinson's Physicians and Surgeons*, of the United States, page 343, Philadelphia, 1878.

communicating with the general peritoneal cavity. It should be always borne in mind that by the term laparotomy is meant not simply a section through the abdominal wall, but that the general peritoneal cavity has been penetrated, invaded. The only authenticated case, which has come to my knowledge, in which laparotomy has been intentionally and deliberately performed with the view of evacuating a perityphlitic abscess—extra-peritoneal—is the remarkable case recently reported by Dr. John Homans, of Boston, in the *Medical Record* for May 1st, 1886, and which he operated on January 11th. In this case laparotomy was performed four days after the patient had taken to bed, or five days after the first symptoms of illness. The patient was a boy, eleven years of age, never robust. On the fourth day there was dullness on percussion over the right iliac and lumbar regions, with the center of tenderness about one and a half inch above the anterior spine of the ilium.“Laparotomy was performed at this point. No spray used. An incision about two and a half inches long was made, and the peritoneum opened; a healthy bowel presented itself. On passing my finger below and behind the presenting loops, I felt coils of intestine filled with fæcal masses, or perhaps enlarged glands. The loops of intestine were adherent to each other by a recent plastic process, but by poking about with my finger and separating them, I opened an abscess, and about two ounces or more of foul smelling (“rotten-egg”) pus welled up out of the wound. As far as we could we prevented the pus from running in among the coils of intestine, and after emptying the abscess as well as possible, a double drainage tube was passed into its cavity and the incision closed around the india rubber tube. Three weeks after the operation the boy sat up and he is now well. Temperature was never higher than 102-9°.”

This case I regard as extraordinary, and certainly no one will deny that the course of the operator was itself remarkable. The abscess in this instance is admitted to be extra-peritoneal, and the area of inflammation is pretty

well made out by percussion dullness. Notwithstanding this, no attempt is made to localize the purulent focus by needle exploration, and the operator decides upon cutting directly into the peritoneum and searching for the abscess "by poking about with the finger." This he succeeds in finding, but not before he has partially spilled the pus into the peritoneum. The operator also admits that, "If I had operated just below the kidney in the right loin, I should have hit the right spot, and perhaps this would have been better surgery in point of drainage and as not opening the peritoneum." It appears to me that with such evidence before us, and considering that in all probability all these points could have been readily determined prior to the operation, such an exceedingly severe procedure as laparotomy was uncalled for, and that the operator in this case overstepped the boundaries that prudence and fore-thought for the patient would have counselled. Certainly Dr. Homans may say, "All's well that ends well," but if his patient should have died in consequence of a generalized septic peritonitis, I cannot see how he could have escaped the just censure that would have followed. In making this criticism I am prompted by no carping or fault-finding spirit, and surely not towards Dr. Homans, whose superior merit as a laparotomist and operator I have long ago learned to appreciate, but it does appear to me that no operation should be allowed to go by without protest when it is involved in *unnecessary* risk to the patient, and when it could have been supplanted by another procedure which would have been practically as beneficial and emphatically less dangerous. The reports of these successful cases are by far more dangerous to the prestige of an operative procedure than fatal cases, because they tend directly to stimulate the incautious and enthusiastic, and usually the unskilled, to the performance of similar feats whose dangers are only appreciated until the lives of the patients have paid the price of the lesson. Let us hope, then, that laparotomy, which has before it so broad a field of utility, will not be tarnished by the disastrous consequences that would follow its gen-

eral adoption as *the* operation for *extra-peritoneal* "perityphlitic" abscesses.

Abscess in the pelvic cavity in the female especially, even if extra-peritoneal, is a very different matter, for there are forms of suppuration which are in no other way accessible to the knife than by laparotomy.

Lawson Tait, and Martin, of Berlin, were the first who attempted to prevent the terrible contingencies of pelvic inflammation by attacking the disease at its original seat. Lawson Tait, removed the suppurating uterine appendages, Martin operated for suppurating periuterine hæmatocele. Tait operated for suppurating hæmatoma of the right Fallopian tube with peritonitis in 1878; and he removed both tubes for pyosalpinx and an ovary for abscess in 1885. Martin, in 1885, performed laparotomy in three cases of intraperitoneal hæmatoma, i. e., retro-uterine hæmatocele. He opened the peritoneal cavity, incised the sac, and evacuated the bloody pus; he drained into the vagina through the pouch of Douglas and closed the opening he had made into the sac from the peritoneal cavity by sutures. Since then the cases of Feldman of Gothingen (1880), Baumgartner (1882), and others which in 1883, summed up to 50 or 60 reported cases (Fenger), in which laparotomy had been resorted to and often with success, proved that this operation was perfectly justifiable in certain forms of pelvic suppuration.

But to return to the subject of laparotomy in connection with cæcal disease. We would now say in concluding this article that the indications for the performance of abdominal section depend almost entirely on the diagnosis. The cases of cæcal disease in which laparotomy is indicated plainly, are:

1st. Disease of the appendix with ulceration, perforation and extravasation; in these cases the sooner the diagnosis is made and the earlier the operation, the better will be the result for the patient.

2d. In disease of the cæcum such as perforating ulcer with extravasation, the indications are precisely as in the preceding case.

3d. In obstruction and impaction due to foreign bodies in the vermicular appendix and cæcum, with threatened ulcerative perforation; if the diagnosis could be made prior to the advent of "perityphlitic" inflammations and peritonitis, the operation should be performed. But early diagnosis is here practically impossible.

4th. In cases of abscess (perityphlitic) which empty into the peritoneum, abdominal section should be performed immediately upon the recognition of this event.

This I believe sums up all the indications for laparotomy in connection with the *inflammatory* diseases of the cæcum and its appendix that could present themselves in practice. It is plain that in these cases the difficulty of making an early diagnosis presents an unsurmountable obstacle to the success of laparotomy, and for this reason doubtless Bull and Sands have especially called attention to the question whether in cases of disease of the cæcum or appendix, it would not be more advantageous to perform laparotomy *ab initio*, than the ordinary operation.

There can be no doubt that in many cases in which the appendix is seriously diseased that the safest plan would be to remove it, just as a gynecologist would not hesitate to remove an ovary that threatened or endangered the life of its possessor. But who is to determine the exact nature of the disease affecting the cæcum or appendix? Shall we simply say let us perform an exploratory laparotomy and then decide what course to pursue? It is difficult to answer this question decidedly, for notwithstanding the great progress accomplished, it is dangerous to lay down guiding principles on so serious a question. Still, the great risks incurred by delay in the inflammatory forms of cæcal disease, and the almost lethal prostration which follows fecal or purulent extravasation into the peritoneum would lead me to accept as a safe proposition the fourth conclusion arrived at by Gaston in his study of the surgical relations of the ileo-cæcal region,* viz: [*Serious*] "*Disorders involving the peritoncum, when not promptly*

*J. McF, Gaston, loc. cit.

relieved by general treatment, warrant exploratory opening of the abdomen."

Too much stress cannot be laid, however, on the necessity of a close and thorough examination of the patient, and of mature deliberation on the part of the operator before deciding upon the performance of this operation. There is no doubt that the medical world is at present laboring under a serious laparotomy epidemic and that this really great and beneficent operation is often unnecessarily practiced, and too often, perhaps, *because it is the fashion*, as Verneuil would say. As has been said by a recent commentator, it is not borne in mind that it is still a most dangerous thing to open the abdominal cavity. The small percentage of mortality attained by such men as Keith, Tait, Bantock, Schede and Thornton, is the result in part of an extraordinary manual dexterity which few possess naturally and fewer still ever can get the opportunity to acquire. There are very few men who really understand even the *technique* by which the operation is made so free from danger. The laparotomies of most American and English surgeons are attended by a comparatively high mortality, and serious harm has been done by the wide heralding of the extraordinary success of a few adepts. No, the time has not yet come when all laparotomists can conscientiously repeat the words of Tait and say: "Our experience has justified our opening that sacred sac (the peritoneum) very much as we open our pockets."

There is yet considerable difference between the results of these two operations.†

*J. McF. Gaston, loc. cit.

†N. Y. Medical Record, for June 5th, 1886.

Tuberculosis of the Upper Air Passages.

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In any attempt to consider the relations of infectious diseases to special organs, the predisposing causes, the exciting causes, the mode of invasion and development, should never be lost sight of.

Lymphatic animals are all more or less susceptible to the ravages of tuberculosis. The cause of tuberculosis was, therefore, exceedingly difficult to discover. The strumous, or scrofulous, taint constituted for ages the exclusive sign of a predisposition to tuberculous diseases. Attempts at discovering the prime causes of the strumous, or scrofulous, constitution, led to the discovery that the progeny of uncongenial types or races of men, almost uniformly possessed through life a superabundance of lymph, with enlarged lymphatic glands, indurated naso-pharyngeal membrane, predisposition to diseases of the ear and upper air passages. Somewhat similarly affected are the subjects of inherited syphilis, especially in the second generation, often extending to the third, and probably still further. It is now well established that many persons acquire morbid conditions of the lymphatic system, with all the phenomena common to the so-called strumous constitution. Dr. Formad, of Philadelphia, did great service in the demonstration of the manner in which temporary excesses of lymph lay the foundation for permanent obstructions in the lymph channels, with more or less permanent enlargement of the lymphatic glands. He established the presence of abnormal connective tissue fibre, both in the lymph tubes and in the lymphatic glands of persons suffering with chronic lymphatic engorgement. In a communication to the Sanitary Council of the State of Kentucky, at Bardstown (April, 1884), I presented recorded observations of 9012 cases, in whom it was reasonably well established that certain articles of food tended largely to bring on that state of lymphatic engorge-

ment to which the strumous diathesis, or the scrofulous constitution, as some are pleased to call it, owes its origin. It has long been known that artificially digested foods are entirely devoid of force-producing power. Some articles of diet undergo but little change in the digestive tube prior to absorption.

These, it may be, contain important elements, rich in nutritious material, supplying rich pabulum for the regeneration of important tissues, yet imparting little or no force—that is to say, capacity for exercise. On the other hand, such articles as are classed with the hydro-carbons, as fresh fruits, boiled cabbage, string beans, etc., while some of them contain a modicum of gluten, there can be little of actual nutritious material in any of them; yet, in the process of transformation, which we call digestion, they impart great force and energy to the functional activity of the body. Hence, we observe the common laborer, with his boiled cabbage and fat bacon, maintaining a remarkable degree of physical comfort and power. The energy imparted to his economy in the digestion of the cabbage and of the raw fruits, which he always takes with a relish, supply force, whilst the bacon is almost the only nutritious material, aside from the bread he takes with it, which ever enters his economy. We observe the progeny of the laboring man, who is not given to habits of dissipation and who has not inherited syphilis, quite robust and hearty. Hence, we commonly hear old people, especially the old practitioners of medicine, announcing that it is good for young children to make the acquaintance even of the pigs, not that dirt within itself is in any way desirable, but that absolute freedom in the open air and an abundance of milk, butter, bread and rich gravy, to say nothing of an early taste for fat bacon, really develops the robust constitution. People in affluent circumstances are not governed more by their reason, nor in fact, I may say, so much so as their less intellectual peasant neighbors. The affluent take pains to keep a good supply of glucose in the form of syrups, preserved fruits and ber-

ries, jams, jellies and candies. Now, it has been shown by experiment that glucose, in any form, taken as food is either absorbed unchanged, or undergoes lactic acid fermentation in the alimentary tract. In any case its presence in the blood excites active movements of the leucocytes, and when present in excess, it causes so many of these corpuscles to seek a peripheral position in the blood tube as to form a serious obstruction to the movement of the current, thereby rendering the circulation of the blood sluggish. The peripheral position establishes most favorable opportunity for the leucocyte to make its exit through the walls of the blood tube. Hence it is the lymph channels are filled, even to engorgement. An individual rendered thus sluggish takes but little exercise, and both by habit and perversion of the natural appetite, will take less and less animal food. In this way the lymph is being constantly augmented, whilst the blood stream itself becomes poorer in quality. This state of affairs existing in infancy or early childhood, establishes all the conditions for the permanent development of abnormal connective tissue fibre in the lumen of the lymph tubes and in the lymphatic glands throughout the whole body, as Formad has shown. Now, since we understand how the lymph accumulates in excess, let us consider some of the localities in which this accumulation is most readily observed, remembering that the lymph is always derived from the blood, that lymph tubes accompany all arteries, and are therefore the most abundant in the most vascular structures, with the exception of the mesentery or so-called serous membranes, and the nerve trunks. The membranes lining bony cavities, as the nasal and pharyngeal membranes, are especially rich in lymphatic vessels, there being but little chance for engorgement of lymph tubes here without creating mechanical obstruction to the closely related parts. We observe in this membrane chronic thickening, with abrasions more or less frequently occurring, in all persons who have excess of lymph in the system. In the 9,012 cases reported, enlargement of the tonsils existed in 7290. It would appear, there-

fore, that the so-called strumous subjects are especially prone to induration of the nasal and pharyngeal membranes, and to enlarged tonsils. In fact, these form in many cases the only certain evidences of a superabundance of lymph in the system. The establishment of colonies of tubercle bacilli upon abraded mucous surfaces depends always upon the presence either of an exudation of serum or lymph. Almost innumerable experiments have been made to cultivate the tubercle bacilli in mucus, and, so far as I am aware, with negative results. On the other hand, it is well established that this fungus grows rapidly both in the blood serum and in the lymph; that its invasion generally occurs through the respiratory passages, may be accounted for by the presence there of exudations of lymph upon abraded surfaces. These conditions being found in persons possessing a superabundance of lymph, commonly called the strumous diathesis, has led to the supposition that adults suffer from inherited tubercle. Niemeyer did much to set the profession upon the correct line of investigation by pointing out the dissimilarity of the pathological products of several of the fatal pulmonary diseases called consumption. Formerly it was considered that every localized pulmonary inflammation undergoing suppurative disintegration was a form of tuberculosis. It is now established that the essential element of all tuberculous disease is the bacillus of Koch; and we may, by the aid of microscopical examination of the sputum, determine the character of the disease in the respiratory passages from whence this sputum is derived. It was for a long time, and is even now in certain quarters, the fashion to call all forms of disease of the lining of the upper air passages, catarrh. Carefully conducted clinical research establishes many diverse forms of disease in the nose and pharynx. Moist mucous membranes afford excellent ground upon which to breed several forms of aspergillus. Even the tinea favosa, the trichophyton, and many other fungi flourish here. The subjects of syphilis have likewise during the first two or three years, increased lymphatic obstruction, and are especially liable

to abrasions of the mucous surfaces. These people form choice subjects for the development of tubercle bacilli. Dr. William Porter, of St. Louis, in a paper read to the Section of Ophthalmology, Otology and Laryngology, of the American Medical Association, 1886, said, "A sound mucous lining throughout the respiratory tract is the best possible preventative of diphtheria." This may be said of tuberculosis as well.

In October, 1883, a gentleman was referred to me by Dr. Preston Scott, who stated that the patient, a business man, fifty years of age, of robust frame and a good constitution, had suffered for a number of years with enlarged tonsils, with a thickened naso-pharyngeal membrane, occasionally amounting to serious obstruction to respiration. Recently the gentleman had been greatly annoyed by the presence of a tough matter constantly coming down from behind the uvula. Careful examination showed two abrasions—one in the posterior wall of the pharynx, just behind the left tonsil; the other situated at the anterior, inferior angular process of the left middle, turbinated bone. At times the whole of the naso-pharyngeal membrane was covered with a tenacious material, which could not be removed without the use of some coagulating material. It was observed at these points of abrasion that no difficulty was experienced in clearing away accumulated matter—in fact, no matter accumulated at these points. It seemed there was pus, and not lymph, present in these situations. The gentleman was feverish, suffering with hectic, had lost nearly forty pounds in flesh in six months, and was depressed in spirits. Quinine and other anti-periodics had been given by Dr. Scott with no material benefit. The gentleman had gone South and spent the winter season, yet he was constantly troubled with the accumulating matters in the nose and pharynx. He finally became hoarse; and by long continued induration of the pharyngeal lining, the faucial orifices of the Eustachian tubes had been so narrowed as to interfere with the normal supply of air in the tympani. This allowed the external

atmospheric pressure to depress the outer drumheads, and the gentleman's hearing became seriously impaired. Sprays and saline powders, etc., were used with no other than temporary mechanical effect. Being anxious to determine the nature of the matter of these isolated spots of abrasion, I carefully collected some of the matter, as well from these as other situations, and subjected it to microscopical examination. I was quite surprised to find tubercle bacilli in great abundance at the points of abrasion, and very few indeed in other portions of the lymph, which was collected from remote parts of the affected membrane. Presently the gentleman was subjected to the use of bichloride of mercury, the one-fortieth of a grain before each meal and at night; along with this he took a pill of 3 grains of asafoetida and one-quarter of a grain of extract of nuxvomica. Locally he used a spray of two grains of bichloride of mercury, one drachm of chloride of sodium, in a pint of distilled water. Under this treatment the gentleman made great improvement. In January, 1884, however, circumscribed, festering processes appeared in the fauces and in the tonsils, one of these appearing upon the surface of the left anterior glosso-palatine ligament was punctured with a spear-pointed needle, and the matter treated after Dr. Gibbes' method for instantaneous staining of tuberculosis sputum, showed a mass of tubercle bacilli. The treatment stated was continued for more than a year, when recovery seemed complete, except an occasional irritation of the pharynx. About the 1st of December, 1885, this gentleman, having other business in New York, and still being troubled with irritation in the pharynx, notwithstanding he had improved greatly in health and strength, and was no longer troubled with accumulations of matter in the nasal and pharyngeal spaces, was, through the advice of Dr. Scott, induced to consult Dr. George M. Lefferts. I wrote an elaborate account of the clinical observations I had made in the gentleman's case and asked him to hand it to Dr. Lefferts for consideration in forming an opinion. Ignoring the fact of the presence of tubercle bacilli in

superficial colonies, both in the nose and in the pharynx, and in the minute abscess upon the left anterior pillar of the fauces, Dr. Lefferts went on to say in his letter to me, that, as no clinical evidences existed at the time, he was constrained to say the gentleman had never been affected with tuberculosis in any form; that he was aware these minute points of suppurative inflammation in the connective tissues of the pharynx had been regarded by some as miliary tubercle, yet he was convinced of the error of such statements; chiefly for the reason that evidences of pulmonary tuberculosis were wanting. Now, if Dr. Lefferts demands better evidence of tuberculosis than the presence of the bacilli tuberculosis, the amount of his incredulity, or I may say skepticism, could scarcely be equaled, even by the dogmatical manner with which he pronounces his opinions.

Miss F. R., aged fifteen, came to consult me about a chronic disease of the pharynx September 21st, 1884. The nasal membrane from the anterior aspect seemed entirely sound, whilst the pharynx was constantly occupied by an accumulation of tough and disagreeable matter, which constantly harassed the patient. Clearing away all of the morbid material, I observed that the disposition to accumulate persisted. With a mop, formed by rolling absorbent cotton upon the end of a curved probe, which I introduced behind the uvula, I swept the vault of the pharynx. Some of the adhering matter was subjected to microscopical examination. Using Gibbes' double stain, a considerable number of tubercle bacilli were present in the tenacious portions of the matter, whilst the more liquid parts showed almost a pure culture of bacilli. The spray of a solution of bi-chloride of mercury, two grains, chloride of sodium, one drachm, distilled water, one pint, soon brought about a reduction in the amount of matter exuded, and by the 10th of December, no bacilli could be found. This patient had enlarged tonsils, enlarged cervical lymphatic glands, and suffered from dyspepsia. The use of the bi-chloride evidently so sterilized the lymph as to pre-

vent the growth of the bacilli, and by persistent effort, they were finally expelled. I should probably state that this patient took one-fortieth of a grain of arsenious acid from the first.

June 15th, 1885, Miss W., seventeen years of age, had suffered enlarged tonsils, enlarged cervical lymphatic glands, and accumulations of tough matter in the nose, from childhood. During the past six months she had become depressed in spirits, and decided to abandon school. Coagulating the accumulation of lymph in the nose with a solution of tannin in Listerine I was able to make out extensive abrasions along the course of the spines of the inferior and middle turbinated bones of the right side. On the left side the covering of the superior turbinated bones was so inflamed as completely to close the crypts on both sides of it. Within twenty-four hours after the first cleansing, the whole nasal membrane seemed covered with tenacious lymph, except along the spines of the turbinated bones on the right side and at the roof of the passage on the left side. The matter wiped from these excoriated and inflamed surfaces showed abundant tubercle bacilli. This patient had never been troubled with cough, and a critical examination, conducted by Prof. Frank C. Wilson, failed to elicit any sign of pulmonary disease. The local use of the bi-chloride of mercury, as a spray, made as stated in cases one and two, gradually brought about a reduction of the local swelling and a diminution of the exudation. The patient continued, however, in a debilitated condition; and at length, the 1st of October, 1885, she began to take the one-fiftieth of a grain of bi-chloride of mercury before each meal, and with it the one-fiftieth of a grain of strychnine. From this time improvement in the patient's general condition became marked and constant. The 23d of December, she went to New Orleans on a pleasure excursion, remaining two weeks. On her return no accumulated matter existed in the nose or pharynx. Her general health being good, she was permitted to go home. She at once discontinued the treatment, and by the 1st of March, 1886, she

had relapsed, having lost four pounds in weight and suffered a return of the exudation from the nasal membrane. The same treatment was instituted, and she again improved, until June 12th, when she seemed practically well. She is now in the East at a watering place, enjoying good health and a gay social season.

Mr. H., aged forty-five, suffered with hoarseness after a prolonged period of suffering with an offensive discharge from the nose and pharynx. Anterior illumination showed the nasal membrane to be sound. Posteriorly minute accumulations of grayish yellow matter marked several abrasions in the pharynx. Matter from these yielded an abundant supply of tubercle bacilli, whilst the ventricles of the larynx contained matter in which, out of twenty slides, but three bacilli were found. This gentleman had a suppurative otitis media of the left side. Examination showed that the external drum-head had entirely sloughed. Practicing Valsalva's method, the patient was able to blow out a considerable quantity of matter, the supply appearing well nigh inexhaustible. I subjected some of it to microscopical examination, and to my surprise found it loaded with tubercle bacilli. This gentleman's chest was examined by two experts in physical diagnosis without detecting any sign of disease. The man had no cough except the voluntary effort to expel matter from the ventricles of the larynx. I saw him first on the 11th of February, 1886. He was treated with bi-chloride of mercury, locally and constitutionally, the ear being cleansed by the aid of the Eustachian catheter, through which a saturated solution of borate of sodium and sometimes pure Listerine were blown, and after this a drop of an aqueous solution of bi-chlorid of mercury, in the proportion of two grains to the ounce. This created a burning sensation, which subsided in half an hour. The treatment being practiced daily, at the end of three weeks, the discharge having greatly diminished, a portion of it was subject to examination, when a few bacilli were still present. In the matter obtained from the pharynx and posterior nares,

no bacilli were found at this time. On the 29th of May, no discharge from the ear being present, the patient was discharged.

It may be interesting to mention that the gentleman's general health, though good as he supposed, from the first improved to a degree which he had not considered possible. He had increased in weight about twelve pounds, and felt, as he expressed it, a youthful vigor.

Miss O. S. came November 19, 1885, with a suppurating otitis media of the right side. She said the ear had been discharging for several months, but only within the past three weeks had it been inflamed. She described a constant burning pain, which she said was in no way altered by the treatment which she had had at the hands of a local specialist. About two-thirds of the drum membrane had sloughed away. The drum cavity was in an active state of inflammation, and filled with matter, which, though tough, yielded in the external ear a constant fluid discharge. Using the catheter, which was very painful to the patient, I was able to blow out a large quantity of matter from the drum cavity, after which a considerable quantity of bloody serum escaped. An application of two grains to the ounce of water solution of corrosive sublimate produced a sense of comfort. This application was made by rolling a quantity of absorbent cotton upon the end of a probe and passing it to the bottom of the external auditory canal, pressing well into the opening of the drum membrane. Presently she complained of a bitter taste and a sense of warmth in the throat on that side; otherwise the application gave rise to no disagreeable sensation whatever.

This treatment was carried out daily for thirty-four days, when the discharge entirely ceased. Examinations of the matter at different times showed a steady diminution in the amount of the tubercle bacilli. This patient has since been seized with a cough; and on the 17th of June, I examined her and found the epiglottis swollen, with an abrasion at its base on the posterior aspect. The anterior extremity of then right vocal chord contained a gray patch, marking a

abrasion. A little matter, wiped from the abrasion at the base of the epiglottis, showed the bacilli of tubercle. The patient is now under treatment.

From the foregoing recital of cases of tuberculosis of the upper air passages, we see that it is of frequent occurrence; that it is oftentimes entirely local, and may be successfully treated (at least apparently so) by sterilizing the lymph in which the bacillus flourishes. The influence of bi-chloride of mercury in the treatment of tuberculosis has been favorable in the hands of every observer who has so far reported. In all the cases in which I have given it trial—and they are numerous—material benefit has followed. It may be the time is too short to establish definite conclusions, yet the marked improvement observed in my own practice, leads me to present the matter for more extended trial by other practitioners.

The Diseases of the Skin Caused by the Vegetable Parasites; Their Symptoms and Treatment.

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Before taking up the diagnosis and treatment of the parasitic diseases of the skin, it seems to me that a brief review of the history and morphology of the parasites, which cause them, is advisable. The affections, which owe their origin to them, differ greatly, and can scarcely be confounded with one another, but a knowledge of the vegetable fungus pertaining to each is essentially necessary, since the practitioner may have at times to determine, whether a cutaneous eruption is or is not a parasitic one.

Examination of a few scales of epidermis, or a few hairs, under the microscope, may cause an entirely different line of treatment and a rapid and satisfactory result, after the patient has passed through many hands without improvement. The study of these minute organisms is of import-

ance and a recognition of their appearance, as seen under the microscope, cannot be too strongly urged.

There are three well known and recognized diseases of the skin caused by vegetable parasites :

(1.) Favus. The parasite of favus was first observed by Schönlein in the scutulum. (Müller's Archiv 1839), and subsequently Wedl found it in the hairs. Remak succeeded in 1840, in producing it by inoculation, and he gave to it the name of *Achorion Schönleinii*.

The *achorion* shows under the microscope elements which are manifold in shape and size. There will be seen in a field, at one and the same time, innumerable mycelia and spores. The mycelia are either very fine and uniform, or coarse, or knotty, or composed of short segments or joints. They are not very long, and many of them give off branches. Some of the short joints or segments contain nuclei, while others do not. The spores are of very different sizes and shapes; round, angular, oval and biscuit-shaped. They often form chains, but for the most part are found here and there among the mycelia, independent of each other and without any tendency to form groups.

In the hairs the same elements are found, but there is a preponderance of mycelia. They are found lying between the cells of the root-sheaths, in the bulb and in the cortex of the hair, but do not extend very high up in this latter, differing in this respect from the fungus of ringworm. The favus fungus in the hair consists of simple chains, composed of short joints or of oval or round spores. They all run in the same direction, communicating with each other by means of branches, which go from one to the other. It is found in large numbers at the point where the hair emerges from the skin, and again in the bulb, but only sparsely in the shaft. The peculiar crust called scutulum, which is a characteristic of favus, is mainly made up of these same mycelia and spores.

According to Bennett, the scutulum is covered externally by a layer of epidermis. Below this is a small zone

of granular matter, which is also prolonged downwards between the mycelia. These latter are arranged concentrically around the centre of the favus body, parallel to each other, and they enclose the large number of spores of which the centre is mainly composed.

(2.) Herpes tonsurans, also called tinea tonsurans, circinata, etc., the ordinary ringworm. It was not until 1844 that the parasite, the trichophyton tonsurans was discovered. Malmsten and Gruby, each observed it at the same time, and independently of each other, but it received the name of trichophyton tonsurans Malmsten.

As will be seen later, there are several sub-divisions of herpes tonsurans. These are produced by the same fungus, but differ greatly from the ordinary manifestations of the disease, and have consequently to be treated of separately. Among these sub-divisions we have sycosis, parasitaria. Gruby (*Comptes Rendus* 1842) was the first to observe the presence of a parasite in the hairs, and to this he gave the name of Mentagrophyte. In 1853, Bazin described a "teigne tondante" of the beard, which contained microsporon as well as trichophyton spores and cells. Hardy and Devergie accepted Bazin's claims, but Cazenave would not allow that a sycosis could be due to a parasite, and we find uncertainty existing in regard to the nature of this affection, until Köbner (*Virchow's Archiv* Bd. 22, 1861) fully established its parasitic origin and demonstrated its derivation from a herpes tonsurans barbæ. Another sub-division of herpes tonsurans is the affection eczema marginatum, which had been first observed and described by F. V. Hebra. Köbner (*klin. u. experiment. mittheil.* Erlangen, 1864) demonstrated that it was due to the trichophyton tonsurans, and he likewise showed that an affection of the nails also owed its origin to the same cause.

The trichophyton tonsurans differs materially from the achorion. Mycelia predominate and only a few spores are found. The mycelia are of great length, moderately broad and regular, and composed of joints, which are very much longer than those seen in favus. They give off only

a few branches in their course. As already mentioned, the segments or joints are very long, but at times when the growth is very rapid, the mycelia are found made up of short joints of various shapes and sizes, and in many of them nuclei will be seen. In the hairs the fungus is found between the hair-sheaths and very abundantly in the shaft, into which it penetrates very high up. It appears in the form of mycelia, but often nothing but masses of spores will be found which, pushing asunder the fibres of the hair and depriving it of its nutrition, cause it to have that brittleness which is so characteristic of ringworm of the hair.

In eczema marginatum the fungus shows the same appearances, but in sycosis parasitaria the hair shaft is found to be penetrated almost entirely by chains of spores which are very large and oval or round. They look very much like rows of beads. There are also a few mycelia composed of simple joints. The chains are usually very long, branch frequently and differ greatly from the trichophyton situated in the hairs of the head.

In onychomycosis, which may be due either to the trichophyton tonsurans or to the achorion Schönleini, the nail substance is penetrated by very short jointed, regular and long mycelia, with frequent branches. The joints are scarcely longer than they are broad and usually a nucleus is seen in the centre of each. Here and there a few spores are found.

(3.) Pityriasis versicolor, called popularly liver spots. Incited by the discovery of the parasitic origin of favus and ringworm, many investigators began to seek a similar explanation for other diseases of the skin, and in 1846 Eichstedt (Frariess's Notizen, 1846) announced the presence of a parasite in the affection, which had been named pityriasis versicolor. by Willan. The name microsporon furfur was given to it.

In this disease the fungus also presents mycelia and spores, but the relative arrangement of these differs greatly from the two preceding ones. There will be found in the small scales, aggregations or heaps of thirty or more rather

equal sized spores. These heaps are quite numerous and regularly placed, and are connected with one another by short mycelia. The joints, which compose the mycelia are regular, medium in size, and seem to hold a middle position between those of ringworm and those of favus as regards their length. They originate partly from the aggregation of spores, and some of them give off spores.

(4.) Erythrasma. To these three well known parasitic diseases, a fourth can be justly added. This affection was first described under the name of Erythrasma, by Baerensprung (Ann. des Charité Krankenhauses, 1862), after a parasite had been found associated with it by Burghardt, in 1857, and named *microsporon minutissimum*. It did not receive much recognition, becoming confounded with and regarded as the same affection as the *eczema marginatum* of Hebra. Balzer called attention to it in 1883 (Ann. de Dermat. et de Syph., T. N.), and then Riehl (Wien. Med. Wch., 1884, No. 41), Weyl and others followed him in giving descriptions of the disease and of the fungus, which they found associated with it, while Köbner was induced by the renewed interest awakened in the affection to state, that he had reported in 1866 to the Silesian Society, National culture in Breslau, the first and only experimental inoculation of the parasite. Bizzozero (Virch. Archiv. Bd. 98, 1884), however, disputes the parasitic nature of erythrasma, and claims that the *microsporon minutissimum* is identical with a non-pathogenic minute organism to which he has given the name of *leptothrix epidermidis*, and which exists under normal conditions on the skin in the inguinal region especially, but also in the *smegma præputii* and the secretions of the feet. He regards the affection as being a chronic intertrigo. Bæck (Dat. Norsk. Med. Selsk. Forhand., June, 1885), agrees with Bizzozero that the *microsporon* and the *leptothrix* are identical, but disputes absolutely the non-pathogenic nature of the parasite.

I have gone a little fully into the history of erythrasma, since it is not even yet accepted by all as being a parasitic disease. The majority of dermatologists consider it as

having a right to be classed as such and undoubtedly it will be finally so regarded.

The microsporon minutissimum, as its name shows, is characterized by the exceeding smallness of its spores and its very slender mycelia, requiring a magnifying power of 800 diameters. The mycelia are either tube-like, or present distinct septa, and divide dichotomously. They are very abundant but follow no distinct or definite arrangement. The spores are very numerous, in places collected together into large heaps, which would resemble those found in pityriasis versicolor, were it not for their size. The fungus is situated in the epidermis proper, and does not attack the hairs.

There still exists great doubt as to the nature of these parasites, the achorion, trichophyton and microsporon. At first each one was considered to be separate and distinct from the others. But Löwe (1850) claimed that the trichophyton was only a spore-forming variety of the achorion, both, however, having a common origin—the aspergillus. F. v. Hebra held the same opinion, because by applying mouldy compresses to the skin he caused both favus and ringworm. Hallier claimed to have seen both these affections produced by cultivations of the penicillium glaucum, and Grawitz (Virch. Archiv. 1870) also held that all three of these parasites had a common origin. There were also many who believed that each one of these parasites was separate and distinct from the others. Among these was Köbner (loc. cit.), who based his deductions upon his experimental inoculations. But yet the uncertainty and doubt in regard to the independent or common origin of these fungi has existed up to the present day, eager defenders of both sides seeking to prove their own particular views. Within the last few months Grawitz (Virch. Archiv. Bd. 103) reviewed the work, which he had already done in this subject, and with the aid of the improved methods of cultivation of the present day, he states that he is able to demonstrate the independent and individual nature of each fungus. His pure cultures always produced

that disease to which the fungus belonged, and never any other. His work is very conclusive, and though in all probability exact, yet corroboration of it is necessary.

Let me turn now to the symptoms which are necessary for establishing the diagnosis of the various parasitic diseases of the skin, and in doing so I shall begin with that one, which in its course and its results, offers the most serious pathological symptoms and changes.

FAVUS.

Favus is most commonly found on the scalp, but is not limited to that region. It also appears on the general tegumentary surface where only the fine lanugo hairs are found, and Kaposi has lately reported a case in which the disease was not only present over the entire skin, but *post mortem* was found covering the mucous membrane of the alimentary tract.

On the scalp favus is found either discrete or diffuse. When discrete it appears under the form of peculiar whitish or yellow crusts of various size, situated around the hair follicles. The peculiar crusts are pierced by the hair. Each crust or scutulum as it is called, is separate and distinct. The diffuse form of favus results from the growth and aggregation of these discrete scutula.

At times there is merely a squamous condition of the scalp present, and only three or four weeks after its existence do the scutula develop and form. In my experience this is most usually seen in old cases of favus which have been treated. Neumann states, that favus may also appear under the form of small rings of vesicles filled with a viscid fluid. These vesicles dry up in a few days into distinctly circumscribed and adherent crusts, thus forming a scutulum. In whichever manner favus develops, its most important symptom is the scutulum. This crust is situated under the epidermis, around the hair follicle, and begins as a small yellow point. As it enlarges peripherally, it sinks in the centre, forming an adherent cup-like body, which lies in a cup-shaped depression in the skin. Its under sur-

face is soft and crumbly, and generally of a bright yellow color. The depression in the skin, which is caused by atrophy through pressure, not by ulceration, is sometimes lined with a thin layer of epidermis, and is found to be moist; or it may be bereft of this layer, and then a raw-looking surface covered by a serous or bloody fluid is found. The scutula have a peculiar odor resembling the fæces of mice, and, owing to the atrophy caused by their presence, always leave scarring and destruction of the hairs on the places where they were situated. This atrophy is not always limited to the skin, but may extend even to the bones.

The hairs in favus have not the gloss of normal hairs, but appear as though dusty. They are thin, wiry and rough, but, owing to the fact that the fungus penetrates them only to a limited extent, they have not that brittleness which is seen in ringworm. A scalp, which has been the seat of favus, is more or less bald, having only here and there a few tufts of wiry rough hair, while on the bald portions are atrophic spots of various shapes and sizes. They are covered with thin epidermis, which, in some cases, seems to lie directly on the bones of the skull.

If a small piece of the soft yellow mass on the under surface of the scutulum be examined under the microscope, the various elements, which have been mentioned as composing the achorion, will be found.

The diagnosis offers no difficulty. When the cups are present, certainly not, but perhaps when these are absent and only squamæ are seen, some doubt as to the nature of the affection might exist. This squamous condition, as I have already said, is most commonly found after the disease has been present and treated.

Consequently, if the condition of the hair is noted, and its association with atrophic spots here and there over the scalp be considered, there should be no difficulty in immediately distinguishing the condition from eczema or ringworm or psoriasis, or even syphilis. For in eczema and psoriasis there is no loss of tissue, neither is there any in

ringworm. Moreover, in these diseases, the hair is not permanently destroyed or altered, but returns to its normal condition when the affections have been cured. Ringworm, as will be seen, differs entirely from favus even in its squamous stage, and if the two main points just given are borne in mind, eczema and psoriasis will also be easily differentiated from it.

Likewise syphilis, since the history, the presence of lesions on other parts of the body, the shape and appearance of the scars, etc., will always designate whether the condition present is due to the specific disease or not.

When favus appears on other parts of the skin than the scalp, it is accompanied by the same symptoms. Scutula develop in the same way, their characteristics are the same and the results are the same. The only difference that exists, is that favus on the skin is more easily and rapidly cured than favus of the scalp.

Treatment: The first step in the treatment of favus is to remove all of the scutula crusts, etc. This may be done by means of sweet oil, or any other oil, either alone or in combination with salicylic or carbolic acid. The scalp is to be thoroughly soaked with the oil every two or three hours, a stiff bristle brush being used to rub it well in. After the scutula are softened wash the head thoroughly with soap and warm water until perfectly clean, and dry it carefully. Epilation of the hairs is then to be commenced, and must be continued until every hair in the vicinity of the favus patch has been removed. This cannot, naturally, be done at one sitting, but a certain number of hairs are to be removed every day. After each epilation, the scalp is to be washed with an alcoholic solution of green soap and warm water.

R̄. Sapo. virid.....ʒij.

Spts. vini. rect.....ʒi.

M. et ft. sol. Sig. External use.

After drying, an ointment containing some parasiticide must be freely applied; or the remedy may be used dis-

solved in oil or alcohol. It is best to use some vehicle, which does not become dry, but which allows the drug to remain in contact with the scalp for a length of time.

There is a somewhat large number of antiparasitic substances which can be employed, and among them, I will make a choice of those which I have used myself.

- R_y. Acid salicyl..... \mathfrak{z} i- \mathfrak{z} ij.
 Ungt. diachyli..... \mathfrak{z} i.
 M. et ft. ungt.
- R_y. Naphthalini.....
 Ungt. diachyli.....aa \mathfrak{z} i.
 M. et ft. ungt.
- R_y. Sulf. lactis..... \mathfrak{z} ij.
 Ungt. aq. rosæ..... \mathfrak{z} i.
 M. et ft. ungt.
- R_y. Naphtholi.....gr. x-xxv.
 Ungt. aq. rosae..... \mathfrak{z} i.
 M. et ft. ungt.
- R_y. Ungt. hydrargyrumgr. L.
 Ungt. diachyli..... \mathfrak{z} i.
 M. et ft. ungt.
- R_y. Acid carbol.... grs. xiv-xxv.
 Glycerini.....
 Aquae.....aa \mathfrak{z} ss.
 M. et ft. sol.
- R_y. Acid salicyl.....gr. xxiv.
 Ol ricini..... \mathfrak{z} i.
 M. et ft. sol.
- R_y. Naphtholi.....gr. x-xv.
 Spts. vini.....
 Glycerini.....aa \mathfrak{z} ss.
 M. et ft. sol.

Any similar combinations may be made. Instead of lard, the excipient lanolin, which has lately been recom-

mended by Liebreich, may be substituted. It seems to be more readily absorbed by the skin, and the drug incorporated with it penetrates more easily into hair follicles. Under these circumstances, those substances which can produce toxic symptoms, as naphthol, etc., must be used in smaller quantities and with care.

In applying any of these ointments or solutions, strict attention must be given to its being done systematically and thoroughly. If rubbed in with some energy and freely used good results will be obtained. After the application of the ointment, the patient should wear a closely fitting flannel cap, and renew the salve at least three times in the 24 hours.

When only a few small cups are present, a strong solution of hydrargyrum bichlor. (gr. iv-x, ad. 5i) is of benefit. It is better to dissolve it in alcohol. After removing the scutula, each point is to be carefully painted with the solution two or three times daily.

The hairs having been epilated, the epidermis may be removed, if it is thought necessary, by blistering with cantharidal collodion, and the raw surface then dusted with powdered sulphur or salicylic acid or naphthaline.

The most important and necessary step in treating favus is that of epilation. It must be done religiously and should be kept up for some time after all evidences of the disease have disappeared. Continuous treatment for many months is usually necessary, and careful watching for some weeks after apparent cure will alone permit the physician to claim an absolute cure.

The treatment of favus, as it appears on other portions of the skin, is the same. Where there are no hairs the removal and cure of the disease is much more easy and rapid, and will not be associated with the many relapses which cause favus of the scalp to become the *bête noire* of the practitioner.

(To be Concluded in September Number.)

HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

OPIUM POISONING SUCCESSFULLY TREATED BY THE ADMINISTRATION OF ATROPIA. ✓

Reported by C. K. WILCOX, M. D., Gainesville, La.

Being the subject of this report, I relate from personal experience that portion of which I was a conscious victim, the missing links having been gathered from my attendant, Dr. J. S. McBride.

About 6, P. M., one day in March, I took an ounce of laudanum in place of tincture gentian comp. Noted its peculiar taste, but my attention being immediately called away, thought no more of it for about twenty minutes, when a peculiar and exhilarating sensation began to take possession of me. I scorned the idea of having tapped the wrong bottle, but the rapid increase of symptoms suggested an investigation which revealed the truth of the suspicion.

Large doses of sulphate of zinc were immediately swallowed with copious draughts of water. These failing to produce emesis, ipecac was also taken. A physician was now summoned, and the time pending his arrival was utilized in instructing my wife in the treatment in the event I should lose consciousness before assistance came. I prepared 1-15 grain of sulphate atropia for hypodermatic injection, but breaking my syringe, it was not administered until the arrival of Dr. McBride, one hour after taking the laudanum. Was still conscious and able to walk, but with a very heavy and uncertain tread. Emesis not induced until about half an hour after injection of atropia. The strongest coffee (had no caffeine) was administered throughout the night, the swallowing as difficult and painful as would be an effort to pass a ball of sand-paper through the fauces. Continued arousing and walking con-

stituted the balance of the treatment, which was concluded about 4, A. M. I then slept undisturbed for several hours, and was the first to rise on the place. I was free from any discomfiture caused by the previous night's "wake," save an impaired vision, and was scarcely able to realize the peril I had just escaped.

My respirations at no time were less than 9 per minute; heart's action feeble and rapid; face retained a deep flush throughout the night; pupils enormously dilated after administration of atropia, and remained so for two days, impairing the sight to such a degree as to be incapable of reading newspaper titles.

In my feeble effort to report the above I realize the unenviable notoriety I may attain, and subject myself to censure and criticism, but I dare encounter them hoping my experience will impress upon the profession the necessity of care and vigilance in the preparation and administration of drugs, since one overt act is likely to cause an injury or create a loss irreparable by human skill or ingenuity.

The 1-15 grain of atropia at one injection, a larger dose than recommended, I am persuaded was necessary in antagonizing the lethal dose of opium already absorbed and paralyzing the system; and certainly emesis was largely due to the antidotal effects of this drug.

Another point which I consider of interest and which aided materially in the successful management and happy termination of this case, was that the highly awakened condition of the mental faculties, stimulated by the impending danger, struggled valiantly against the approaching narcotism, and, unlike the suicide, was more easily impressed by external sensations.

PERINEPHRITIC ABSCESS.

By W. K. SUTHERLAND, M. D., Mansfield, La..

I was called on the 27th of March last, to see Mr. Thomas Norris, who lives about twelve (12) miles south of Mansfield. He is a young man of about twenty-eight (28) years of age; of fine physique, and a good healthy

family record. I elicited from him the following history, viz: On Tuesday, March 16th, he tripped and fell out of the door of his residence (about $3\frac{1}{2}$ or 4 feet high), striking on his left side on the hard ground. He did not experience any injury at the time, and went along attending to his duties, as an ordinary farm laborer. Several days after this fall, while sowing cotton seed, and carrying a large, heavy bag of seed against the left side of the abdomen he began to experience considerable uneasiness where the pressure was made. This pain, or uneasiness, disappeared after a good night's rest, and he continued the next morning at the same work. But about three o'clock in the afternoon the pain in the lower part of the abdomen became so severe, he was compelled to quit work and go home to bed. He had considerable fever, and suffered severely for several days with acute, lancinating pain in the left side of the abdomen. But after being well purged out with calomel, and quinine being administered freely by the family, the fever subsided, and the pain was very much mitigated and he felt well enough to ride over on horse-back to his saw-mill a mile off. The jolting of the horse brought the pain back. It became so severe he was compelled to walk back home, leading his horse. The pain was so great he could only walk in a stooped position with his hand against his side.

I was sent for the next day, and arrived at his house about ten o'clock, A. M., on the 27th of March. I found him with high fever, a dry, hacking cough, and suffering with severe pain in the left side of the abdomen. Upon pressure the greatest tenderness was circumscribed within a small area just above the internal abdominal ring. The pain was very much aggravated by coughing, which he suppressed as much as possible. He complained of pain shooting down along the spermatic cord to the testicle. He had no rigors; nor was his thigh ever flexed on the abdomen. The fever was regularly remittent in character, sometimes rising as high as $103\frac{1}{2}^{\circ}$ F. in the evening, sometimes sinking it as low as $100\frac{1}{2}^{\circ}$ in the morning.

The treatment consisted in the administration of opium to relieve the pain, quinine and digitalis to control the temperature. This treatment was kept up throughout the case. I also gave him an emulsion of turpentine for the bronchitis, and applied a large blister of cantharides over the affected side. By these means the fever was kept in moderate bounds and the pain was made endurable. The left side began to swell, and, continued to do so until the crest of the ilium could no longer be made out distinctly.

On Friday, April 9th, a slight œdema was noticed on the affected side, in the lumbar region. On the 13th, obscure fluctuation was detected in front, about three and a half inches from the umbilicus, and on a line with it. On the 15th, fluctuation was more distinct, and by means of a hypodermic syringe, I was able to draw off several drops of pus. On the next day (16th), accompanied by Dr. A. J. Beall, chloroform being administered, an opening was made three and a half inches to the left of the umbilicus, and on a level with it, about two (2) pints of healthy pus was discharged, and a large sized India rubber drainage tube was introduced into the cavity of the abscess. In about twenty hours his temperature became normal, and he began to improve right away. His appetite returned, and he gained strength rapidly. On the 25th, ten days after the abscess had been opened, and had almost ceased to discharge, he prevailed on me to discontinue the use of the drainage tube, saying that it was very disagreeable to him. I told him he could take it away, provided he would keep it open, and the cavity well washed out with a weak solution of carbolic acid, which I instructed him how to use. But, thinking himself well, he did not carry out my instructions, and allowed the opening to heal over. High fever set in, and I was sent for again. I dilated the opening, and reintroduced the drainage tube on May 1st. There was very nearly as much pus discharged this time as when it was first opened. The fever went down immediately, his appetite returned and he began to improve steadily.

In ten days he was walking around the premises. I kept the drainage tube in situ until the 10th of June, when it was finally withdrawn, and the wound allowed to heal over. He is now in fine health.

June 28, 1886.

CHRONIC CHLORAL POISONING.

By DAVID JAMISON, M. D.

A. L. was admitted into the Hotel Dieu, presenting the following symptoms: Temperature 97° Far., pulse 100, full and feeble; expression anxious; eyes sunken; pupils contracted; great restlessness, requiring the constant presence of an attendant to keep him in bed. At times complete anæsthesia seems to exist, but he can usually be aroused to a semi-conscious condition when the pupils are seen to dilate. When consciousness is suspended there are no reflex movements, as considerable irritation causes no manifestations of a reflex character. This is unusual, as, under the influence of chloral, voluntary muscles show direct and indirect irritability. Respiration 12 per minute, shallow and irregular. He is said to have taken large doses of chloral for several days, but the exact quantity is not known. With careful feeding and perfect quiet he recovered in a week and resumed his occupation. Chloral fulfils therapeutic indications not met by chloroform, ether or morphine. It is more soluble in water than chloroform, and therefore absorbed more quickly from the rectum or stomach or when given hypodermatically. In the presence of an alkaline fluid it is decomposed into formic acid and chloroform. It was introduced into medicine by Oscar Liebreich, who tried to obtain the same effects from it that are gotten from chloroform, which he thought would result from the decomposition of the chloral in the alkaline blood. As a sleep producing agent it was an almost perfect success, but insensibility to pain was not induced. It seems not to undergo decomposition in the blood. No chloroform is found in the blood of animals poisoned with chloral. The breath of patients taking chloral is free from chloro-

form. Chloral is excreted in the urine, when the urine is acid, but when the urine becomes alkaline it is converted into chloroform. In chloral poisoning there is always a great fall of temperature. The indications are to keep the patient warm. Strychnine does not appear to possess much power as an antidote of chloral poisoning. In this case it did not do any good.

✧ CORRESPONDENCE.

OUR PARIS LETTER.

(From Our Own Correspondent.)

Pyemia after Acute Pneumonia. Lung Resection and Ablation of a Kidney. Hysterical Fever. Hysterical Hemiplegia in a Child Four Years Old. A Fungus Developed in the Human Saliva. Microbes as Factors in the Formation of Foreign Bodies and Calculi. The Influence of Fat on Nutrition. Some Fresh Facts Concerning Pasteur's Preventive Treatment for Hydrophobia. Mammary Neuralgia.

PYEMIA AFTER ACUTE PNEUMONIA.

At a recent meeting of the *Académie des Sciences* M. Jaccoud read an interesting note on the subject of blood poisoning consecutive to pneumonia of the ordinary acute form, not traumatic. He has observed the two following cases. Both patients were in perfect health when they were attacked with acute pneumonia. The illness observed the usual course, but after defervescence, the local pathological condition was not thoroughly repaired, a limited area of lung tissue presented the lesions characteristic of pneumonia. Finally the patient died after exhibiting the symptoms of blood poisoning. In one of the patients these symptoms appeared eleven days after defervescence. The temperature then rose to 40° cent. (104° Fahr.) and a purulent effusion appeared in the right knee. At the necropsy there was entire hepatization of the right lung which presented several purulent areas. On the tricuspid and mitral valves there was a fungoid growth presenting bleeding sur-

faces; the kidneys presented miliary abscesses; and the right knee, suppurative arthritis. there was also a purulent effusion along the posterior surface of the brachialis anticus. Dr. Nettle observed in the suppurated lung tissue the two fundamental forms of pyogenic microbes, the streptococcus and the staphylococcus, also the pneumococci of P. Friedlander. These microbes were also observed in the purulent effusions, which were independent of the lungs; mouse and guinea-pigs were inoculated with the pus taken from the patient's right knee twelve hours before death; the animals thus inoculated died twenty-four hours subsequently, and presented multiple suppurations. The illness and necropsy of the second patient, also the bacteriological investigation, furnished the same data as those obtained from the first.

LUNG RESECTION AND ABLATION OF A KIDNEY.

M. Demons read an interesting note at a recent meeting of the Paris Surgical Society. An adult was stabbed between the ninth and tenth ribs; there was a portion of the lung tissue that protruded and formed a mass about as large as an apple; the same day the patient passed blood with his urine, indicating a kidney wound. M. Demons resected, by means of the "écraseur," the hernial portion of lung and applied the thermo-cautery to the surface. Some days after the operation there was purulent effusion on the left side of the thorax; chemical analysis of the fluid proved it to be principally urine. It was decided to remove the kidney; nephrectomy was performed in the lumbar region; the twelfth rib made the operation more difficult, but M. Demons, remembering M. C. Dentu's opinions, carefully avoided cutting it. The pedicle of the kidney was divided and carefully ligated; the wound was sutured with metallic threads; reunion took place by first intention; but two months subsequently a bundle of cellular tissue sloughed away and opened the cicatrice. It is now six months since the operation was performed and recovery appears to be perfectly established.

HYSTERICAL FEVER.

M. Barrié has met with, at the Bicêtre Hospital, a case of hysterical fever, which he described at a recent meeting of the Paris Biological Society. The patient was the wife of one of the hospital servants. One morning, when recovering from an attack of hysteria, she was seized with hæmiplegia on the left side. She was admitted into one of the wards to be treated, and had as many as thirty hysterical attacks; hæmiplegia continued, although every curative means was adopted. It disappeared suddenly, after an unusually violent hysterical attack. The skin was dry and feverish, the thermometer placed in the armpit marked 39° cent. (102 Fahr.). The next morning 38.6° (100.6 Fahr.). The following days the temperature was carefully taken by placing a thermometer in the armpit and another in the rectum. Shamming was impossible, the temperature registered was correct. The hysterical attacks at this juncture were constant, sometimes subintrant; the patient was rarely able to take food. One day the temperature rose to 40° cent. (104 Fahr.) in the morning and fell some tenths of a degree. Notwithstanding that the fever continued three weeks there was no disturbance of the principal organs; the tongue was moist and quite normal. After twenty days of fever, defervescence occurred suddenly, and the attacks of convulsions disappeared subsequently.

HYSTERICAL HÆMIPLEGIA IN A CHILD OF 4 YEARS.

At the same meeting, M. Guzot read the following note: A child of four, perfectly free from any nervous symptoms, was, after violent agitation, seized with hæmiplegia of the right side and aphasia; the motor and sensory faculties were impaired. A few days later on, hæmiplegia disappeared but reappeared the next morning. The following night the sensory and motor faculties regained their normal activity, the child's health has since remained excellent. Her mother has an excessively nervous temperament, and she is the daughter of arthritic parents. The father is also highly nervous in temperament. Each return of hæmiplegia in the child was accompanied by aphasia.

A FUNGUS DEVELOPED IN THE HUMAN SALIVA.

M. Galippe made known the following facts at a recent meeting of the Paris Academy of Medicine, after having filtered saliva by means of Pasteur's filter. M. Galippe observed at the lower extremity of the filter, which is not in contact with the fluid, a fungus composed of tubes and spores of mycelium. Following the advice of Professor Cornil, M. Galippe cultivated this fungus in the cells of Von Tieghem and observed that the fungus was neither an aspergillus nor a penicillium. This fungus, which had neither been described nor represented, belongs to the moniliæ family. M. Galippe proposes to give it the name of *monilea sputicola*.

M. Charcot repeated these statements at the Academy of Sciences in the name of M. Galippe.

MICROBES AS FACTORS IN THE FORMATION OF FOREIGN BODIES AND CALCULI.

At the Paris Biological Society M. Galippe stated that he had examined arthrophytes removed from a knee, and had observed microbes in them the same as he had detected in calculi removed from the bladder; he had isolated them and cultivated them. This investigator is, therefore, confirmed in his belief that the crystalizations found in the human economy develop through the agency of microbes; then, microbes are pathogenic parasites of the foreign bodies of the animal economy, whatever may be the chemical composition of these bodies and wherever they may be found.

THE INFLUENCE OF FAT ON NUTRITION.

MM. Debove and Flamand have studied the influence of fat on nutrition; the person who was experimented on was for some time fed on an unvarying diet until his weight and the weight of urea excreted in 24 hours were both stationary; arrived at that period 3 kilog. 575 grammes of fat were absorbed; then the primary form of diet was adopted. Two such experiments were made and both per-

sons, fed on fatty substances, increased in weight and more urea was excreted.

NEW FACTS CONCERNING M. PASTEUR'S TREATMENT.

There are one or two new facts concerning M. Pasteur's preventive treatment of hydrophobia, which we think may be worth while noting. The rabbits inoculated are chloroformed during the operation of trepanation and inoculation, which are effected on aseptic principles as much as possible, the wound being only slightly moistened with carbolic acid; if it were thoroughly washed out with this acid the virus would be destroyed. The bottles in which the cords are preserved are no longer closed at the lower tube by a tap, but by a piece of cotton wool.

M. Pasteur now only makes ten inoculations instead of thirteen, as in the case of Meister, the first patient treated. The inoculations are made every day; thus there is an interval of twenty-four hours between two inoculations. The first inoculation is made with a cord that has been preserved fifteen days, the second with a fourteen days' cord, and so on; the last inoculation is made with a cord six days old. M. Pasteur inoculates with cords which have been preserved only 5, 4, 3, 2 or 1 day. In those cases where the wounds resulting from the bites are especially dangerous, either on account of the region they occupy, their number, or the depth of tissue injured.

MAMMARY NEURALGIA.

At a recent meeting of the Paris Surgical Society, M. Routier read notes on a case of intense mammary neuralgia. The patient was 22 years of age, who had a small tumor, which presented the characteristics of a polyadenoma.

RABIES IN LAPLAND DOGS.

Hydrophobia does not exist in Lapland, but two dogs brought from there having been inoculated by M. Pasteur contracted rabies, which proves that Lapland dogs are not refractory to the disease.

A DISGUISE FOR THE TASTE OF QUININE.

NEW ORLEANS, LA., July 19, 1886.

*Editors New Orleans Medical and Surgical Journal,
New Orleans, La.:*

Noticing in the *Medical Age* a statement that a syrup of yerba santa was an efficient disguise for the taste of quinine, I concluded to make a personal trial of this alleged disguise, as I had done of many others.

Applying at Mr. A. K. Finlay's drug store, I first tested a mixture of the fluid extract of yerba santa, simple syrup, and quinine. This mixture was repulsive to the sight, becoming turbid on the addition of the syrup, and in taste was very disagreeable. The bitterness of the quinine was certainly masked, but the taste of the fluid extract of yerba santa was marked, and to me was more unpalatable than the simple bitter of quinine.

The fluid extract of yerba santa being alcoholic, contains the resinous properties of the drug, which are offensive to the taste while in solution, clog the teeth and mouth and become doubly disagreeable when precipitated by the addition of syrup.

There is only one syrup of yerba santa in the market that I know of, that manufactured by Parke Davis & Co. They advertise on their label the following:

Yerba santa.....	grs. 16.
Aromatics.....	q. s.
Syrup.....	℥i.

Now the knowledge of the quantity and kind of aromatics may be a very important factor in the production of the syrup. At any rate, the syrup is made from an aqueous infusion of yerba santa, or an exceedingly weak alcoholic one, for it is perfectly miscible with water, and contains only a small amount, if any, of the resinous principles.

To two fluid drachms of this syrup, I added ten grains of sulphate of quinia, and a little water.

The resulting mixture, holding quinine in suspension, was certainly not clear, but it was not unsightly.

I swallowed the whole at one draught, and was very much rejoiced to find that the taste of the quinine was completely disguised; the taste was that of a pleasant, palatable, aromatic syrup. A few moments after swallowing, I could notice a slight taste of quinine, this was quickly dispelled by rinsing the mouth with a little water.

The resulting cinchonism proved that there was no interference with the physiological effect of the quinia; the action of yerba santa seemed to be *nil*.

Sometimes capsules are insoluble; pills dissolve slowly, and in many cases the nauseous taste of a quinine mixture causes its immediate return from the stomach. Not only to children and women but even to men will a pleasant, palatable mixture of quinine be a boon.

Yours very truly,

211 Camp street.

C. P. WILKINSON, M. D.

GRAND CHENIERE, July 13, 1886.

To the New Orleans Medical and Surgical Journal:

R. H. Day, M. D., our Nestor of country practitioners, has written an able and interesting article on Hæmorrhagic Malarial Fever, in your July number.

I differ from him in some important particulars, and I will now lay my views on this subject before the profession, hoping that abler heads than mine may take the matter up and make it bear good fruit for suffering humanity.

Doctor S. S. Herrick in your April number says: "The three conditions of heat, moisture and vegetable decomposition are usually regarded as *the* agents that give rise to malaria, but they are not indispensable, neither one nor all. It is clear that these conditions could produce no poisons, save gaseous emanations, but there are no known gases, simple or compound, capable of producing periodic fevers."

I will state my experience and observation for over thirty years, viz:

1st. Stagnant water and filth are not factors in the origin and spread of malarial diseases, but on the contrary, are

active agents in their prevention, and this is due to the emanation of hydro-sulphurous acid from such decaying matters.

In this connection I would state that Dr. Holt has made a broad and original stride in the scientific application of preventive medication, and if his system be rigidly enforced the denizens and visitors in your city may hereafter sleep in quiet and security at all seasons of the year.

2d. Malarial toxæmia once contracted, remains in the system for an indefinite period, and this should be borne in mind by the practitioner; thus, a man may have a slight attack of chill and fever here to-day, and 10 years hence, and a thousand miles away, he may die of pneumonia complicated with this original vice.

The Pontine marshes in Romagna and the Maremmas in Tuscany have had a notorious reputation since the time of Pliny, as ague districts, and the cause then, as now, was attributed to *stagnant water and decomposing matters*.

But have not these localities, as well as the malarial swamps of our own continent, their exact counterparts, both telluric and atmospheric, scattered over the earth, and perfectly free from malaria?

Passive hæmorrhage, quite common in these diseases, is due to congestion. I do not consider it, of itself, a dangerous symptom; I have seen hæmatemesis, in quotidian ague of a mild type.

Hæmaturia is a more serious complication, especially as the stomach is always very irritable. I do not think that the liver is implicated, however, in this lesion; but it is caused by congestion of the kidneys, and the disintegrated blood voided through the bladder, is the effect of the action of the urates and ammonia on this fluid. I treat the hæmorrhagic form precisely as I do the other forms, with the exception that I use ergot and acetate of lead, generally by injection, to control the hæmorrhage by contracting the capillaries. I have not given calomel in any form of malarial fever for 10 years. *Calomel, stagnant water and decaying matters* should be buried in the past.

HENRY O. READ.

It gives us pleasure to publish the following open letter from Dr. Fox:

JESUITS' BEND, LA., July 14th, 1886.

Dr. H. T. Bahnson, President of the N. C. Med. Society.

DEAR DOCTOR:—I have read with pleasure your letter to the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, "On Extending the Relations Between State Medical Societies," which was published in the July number of the JOURNAL. I heartily concur with you in your suggestion to send a delegation from our society to your next meeting in Charlotte on the second Wednesday in April, 1887. I fear, however, it will be quite impracticable for our society to do so at our next meeting, as we have appointed the second Monday in April, 1887, for the time of our meeting to be held in Alexandria, La. I will endeavor to advocate as strongly as possible your views in regard to extending fraternal relations between State Societies.

In the name of the Louisiana State Medical Society, I thank you for the cordial welcome extended to our society, and cordially invite a delegation from your society to be present at our next meeting, assuring them a hearty welcome.

Yours very truly,

D. R. Fox, M. D.

President La. State Medical Society.

LEADING ARTICLES.

THE PRESIDENT'S POWER IN THE PREVENTION OF EPIDEMICS, AND THE YELLOW FEVER COMMISSION.

At the present writing, the adjournment of Congress is rapidly approaching, and yet the Yellow Fever Commission Bill remains in the House Calendar, with little prospect of being reached at the present session; with less prospect

that it will ever become a law. The recent favorable action of the Senate has improved but little, if any, the chances of favorable consideration in the House of Representatives. Congressmen are not to be terrorized by Carmona's peronospora lutea, Freire's xanthogenic "crypto-cockeye," or any such bugbears, with all the horrible deeds of devastation, of which they are supposed to be capable; nor are they to be persuaded, against their judgment, to enact a law organizing a Commission and appropriating money to defray the expenses of an expedition, upon the pretext of investigating methods of inoculating against yellow fever, which the inoculators themselves have shown, by their own published works, to be without scientific value.

So, when the Commission Bill first came up in the House of Representatives, it was at once shorn of all its high-sounding accompaniments; the rash promises of health, happiness, commercial prosperity and other blessings, made by its advocates, were set down for what they were worth; and it came up in regular order, simply resting upon its merits as a measure of public hygiene. It could not stand such a test. A bill of much more intrinsic merit could scarcely have withstood such criticism as it received. The Hon. Andrew J. Caldwell, of Tennessee, led the opposition in a brief, brilliant speech, published in our June issue, supporting his arguments with the book-reviews and editorial comments of this JOURNAL. The Bill was relegated to the House Calendar and there has remained. Its fate in the House has been, in all probability, finally decided.

However, still another hope is now offered to the advocates of the Commission. The Sundry Civil Bill contains the following clause, which, up to this writing, has passed a reading in the House without amendment:

"PREVENTION OF EPIDEMICS.

"The President of the United States is hereby authorized, in case of threatened or actual epidemic of cholera or yellow fever, to use the unexpended balance of the sum appro-

apropriated therefor March 3d, 1885, in aid of State or local boards, or otherwise, in his discretion, in preventing and suppressing the spread of the same and for maintaining inspections at points of danger.”

Upon the authority of Mr. Randall, member of Congress, the unexpended balance up to the 16th of March last, amounted to \$275,000 or thereabouts.

The following dialogue is extracted from the Congressional Record of June 27th:

Mr. Caldwell. I wish to ask the gentleman from Pennsylvania a question. Under this provision that you have alluded to, has not the President of the United States power, if he wishes, to send a commission to the tropics to investigate in regard to yellow fever?

Mr. Randall. He has the widest possible discretion to send anybody anywhere, and, as I understand, the President did send people to Europe to prevent the introduction of cholera last year.

Mr. Caldwell. And hence there is no need of this additional appropriation?

Mr. Randall. None whatever.

If the Commission Bill should finally fail, which is almost certain, and the clause above quoted, be retained in the Sundry Civil Bill, which is very probable, then the President, vested with the power of appointing the Commission, and supplied with the means necessary for defraying all expenses, will be the master of the situation, and will act, we have no doubt, with his usual discretion and wisdom. If events should transpire, as indicated by the news from Washington, the advocates of the Commission, given a final opportunity of demonstrating their earnestness in its behalf, will, we have no doubt, bestir themselves in getting up a petition to the President to send some one into the tropics to inquire into the new methods of inoculating against yellow fever. And that one single fact may be learned by the Commission, by which one single case of yellow fever may be prevented by inoculation, we will sincerely join with the petitioners in ever praying.

THE HEALTH OF NEW ORLEANS.

Reference to the Mortuary Report of New Orleans will show the excellent health of our city. The following figures, taken from the records of the Charity Hospital, will show also the general good health of the neighboring country, tributary to this city. The records of this institution always furnish a very reliable index of the public health of this Southern section. The following is a statement of the number of patients admitted into the Hospital in the month of June during the past six years: In 1881, 413; in 1882, 440; in 1883, 510; in 1884, 451; in 1885, 420; in 1886, 386. The record for the month of July will present a similar showing.

The prevailing diseases are the intestinal disorders of children, incident to the summer weather, and dependent very largely upon the custom, prevailing in all American cities, of artificial feeding. It is fast becoming the exception in this city for mothers to nurse their children.

There has not been a single case of yellow fever; not even a case, which, to our knowledge, has excited suspicion. There has been a remarkable absence of the usual number of malarial diseases; and physicians have so far observed comparatively few of the severer types of remittent fever.

The result is that more of our New Orleans physicians have been enjoying vacations than ever in our recollection. Some have been "over the Lake"; some jaunting through the North and East, our colleague, Dr. H. D. Bruns, among the number; and those who have remained at home have enjoyed a pleasant respite from hard professional work.

Indeed, the indications of good health for the rest of the summer are very favorable, and, with our improved system of quarantine and improved sanitation at home, we believe, in the years to come, New Orleans will still exist as a pleasant place for man's residence, long after her prophets of evil have passed away.

ANATOMICAL RELATIONS OF THE CÆCUM.

The attention of our readers must have been attracted by the illustrated article on iliac phlegmon, the first part of which appeared in the July number of the JOURNAL; the second, in the present issue. We cannot commend too highly the very admirable literary style in which the article appears, but we cannot sanction, even by silence, all the premises upon which it is founded. The anatomical considerations, the subject of the first part, rest upon the statements of Mr. Frederick Treves, contained in his lectures on the anatomy of the intestinal canal and peritoneum in man, delivered, in 1885, before the Royal College of Surgeons of England. His observations on the anatomical relations of the cæcum and its peritoneal coverings are at variance with those of all other anatomists, and necessarily the practical ideas deduced therefrom are opposed to the universally accepted views in regard to right iliac abscess. The following extracts, quoted in the article of Dr. Matas, are taken from Mr. Treves' lectures; the comments are our own.

“Accepting the definition of the cæcum, given by the editors of Quain, and by all other anatomists, I might state that, in the one hundred specimens examined, I have never found the posterior surface of the cæcum uncovered by peritoneum; I have never found it attached by areolar tissue to the iliac fossa; and I have not met with a single example of a meso-cæcum. I am much disposed to doubt the existence of such a fold.” These are startling statements. It is passing strange that an anatomist of Mr. Treves's experience has never found the anatomical relations of the cæcum, which all other writers describe as the rule. This very day, at an autopsy in the dead-house of the Charity Hospital, we found a cæcum resting in a bed of the iliac fascia, with the posterior third of its circumference exposed to an atmosphere of areolar tissue.

“In every instance that I have as yet seen,” observes Mr. Treves, “the cæcum has been entirely enveloped on

all sides by peritoneum, and has been free in the abdominal cavity." There are three longitudinal muscular bands that run along the cæcum to the apex, where the root of the vermiform appendix is attached. On either side of the anterior band, the cæcum usually presents dilated sacs. The sac on the outer side of the anterior band, when distended, projects beyond the apex of the cæcum, and presents a deceptive, rounded, prolongation of the gut. It is in reality the only part of the cæcum entirely surrounded by serous membrane, and the only portion, which corresponds with Mr. Treves's description. As a rule, the cæcum is attached by a meso-cæcum, if not in the iliac fossa, along its inner border. No student or teacher of anatomy will deny the freedom, which the cæcum occasionally enjoys in the abdominal cavity. Cases do occur, in which the cæcum and a short portion of the ascending colon, attached to a long mesentery, similar to the meso-sigmoid-flexure, have freedom of motion somewhat like the flexure. In these cases the bowel is not attached, as usual, in the iliac fossa, but rather along its inner border. For having drawn attention to these occasional cases we are indebted to Mr. Treves, but he has attached to the exceptions an importance, which belongs to the usual anatomical relations.

"In a great majority of all cases," Mr. T. also says, "the reflection in reality takes place from the posterior surface of the ascending colon, and not from the cæcum, so that not only is the cæcum entirely covered by serous membrane, behind as well as on all other sides, but the same complete covering is bestowed upon the commencement of the ascending colon. Those who are impressed with the orthodox description of the cæcum will scarcely believe that the average measurement in a vertical line, along the back of the colon, from the tip of the cæcum to this reflection of peritoneum, is four inches. If from this be deducted $2\frac{1}{4}$ inches for the average length of the cæcum, it leaves $1\frac{3}{4}$ inches of the ascending colon entirely invested on all sides by peritoneum." It is not anatomically correct to say that even the coils of small intes-

tine are *entirely* surrounded by peritoneum. The layers of the mesentery, between which the vessels travel as they go to the viscera and return, always separate so as to leave a portion of the intestine uncovered. If nothing more, then, there must be an uncovered place on the cæcal end of the large bowel, above mentioned, where the arteries enter and the views go off, and here there must be areolar tissue.

In the same lectures, to which we have herein alluded, Mr. T. describes the mesentery of the vermiform appendix. Strange that the appendix should have a mesentery and the cæcum and lower $1\frac{3}{4}$ inches of the ascending colon, none, according to the lecturer's statements.

While we regard these lectures as the most valuable of recent contributions to the anatomy of the abdomen, we cannot subscribe to many of the lecturer's extravagant expressions. We cannot side with him against the old anatomists, whose works are still classical, and against all his contemporaries, many of whom enjoy distinction parallel with his own. We accord to him the credit of having drawn attention to variations in the anatomical relations of the cæcum, not sufficiently well understood before; but we cannot excuse him for doubting the existence of anatomical conditions, which all other anatomists have found so frequently as to form a rule.

One of two things is certain. Mr. Treves is at fault in his observations; or the modern Englishmen, who are now falling into his hands, present anatomical peculiarities uncommon in their ancestors. If the old Britons, as a rule, had presented the cæcum and ascending colon, for a distance of four inches, entirely covered by serous membrane, without a meso-attachment and without exposure to the areolar tissue of the cavity, surely the Monros, the Bells or the Hunters would have forestalled Mr. Treves in his discovery. Again, had these anatomical relations existed as the rule, among Englishmen of the past century, they certainly would have appeared among the colonists and their descendants, and scarcely would have been overlooked by such careful and skilful anatomists as Leidy,

Richardson, Harrison Allen, Keen, Darling and Ranney, and Faneuil Weisse.

Observations are now being made in the dead-house of the Charity Hospital. We have found in two instances the movable gut, to which Mr. Treves's remarks must refer, not directly connected with the areolar tissue of the fossa, but attached by a long mesentery along the course of the sacio-iliac synchondrosis. This kind of a caput coli resembles, in some respects, the sigmoid flexure in its mobility and in the attachment of its mesentery. But we have not so far found the first four inches of the large bowel, corresponding with the description of Mr. Treves, entirely covered by peritoneum and without mesenteric attachments.

THE MICROCOCCUS OF DENGUE FEVER.

In the June 19th No. of the *Journal of the American Medical Association*, Dr. J. W. McLaughlin, of Austin, Texas, published an excellent article on "The Etiology of Dengue Fever," in which he claims to have invariably discovered in the blood and secretions of over 40 cases of dengue a micro-organism, which he asserts to be the cause of the disease. We have already referred on several occasions to Dr. McLaughlin's discovery in various numbers of the last volume of our JOURNAL, and notably in our April number, where we gave a description of the germ, which we had the pleasure of seeing for ourselves in a preparation of blood sent us by the doctor himself. After carefully reading Dr. McLaughlin's article, we are proud of having been the first, to bring to the notice of the profession this highly interesting and important discovery.

That the micro-organism so carefully described and cultivated is a genuine micro-coccus admits of no doubt, and that it really comes from the blood and secretions of dengue patients seems to us equally certain, when we consider the high degree of scientific knowledge displayed by the discoverer and the amount of care and labor taken by him to prevent the contamination of his preparations.

We regret very much, however, that Dr. McLaughlin has limited himself to the discovery of the micrococcus, and would have liked very much to see him put his discovery to the crucial test of inoculation. We know that the doctor realizes, as we do, the importance of this test, and we sincerely hope, that ere long we shall have the pleasure of seeing that, even in the midst of a busy practice, this distinguished scientist has yet found sufficient time for this most important labor and will delight us with a thorough and complete investigation of this portion of the subject, and not only test and prove the inoculability of his micrococcus but the feasibility of protection by means of vaccination with attenuated virus.

EDITORIAL COMMENTS.

THE MONUMENT TO BENJAMIN RUSH.

We have received the circular of the Rush Monument Committee of the American Medical Association, addressed to the members of the medical profession in the United States.

It is proposed to erect in Washington among the statues of the great men of the nation a fitting monument to Benjamin Rush, of Pennsylvania, to commemorate his eminent virtues and his services to his country and to suffering humanity.

Five of the Presidents, six military and naval heroes and a number of the most eminent citizens of the country are represented by statues in the national capital. The law has its representative and science also is recognized. Many other statues are in contemplation. Shall the profession of medicine alone be without representation among the memorials of great men?

The Committee announce that they have met with unqualified approbation from all parts of the country. They

announce that they are now ready to receive subscriptions and donations.

It is approximately estimated by the Committee that \$40,000 will be sufficient to erect a monument "that will be fitting and unexceptionable as a work of art."

A subscription rate of one dollar from each individual has been determined, on but any voluntary donations will be accepted by the Committee.

We heartily approve of the object and also of the manner of raising the money. We would call upon the physicians of the South to cordially endorse the action of the Committee by sending in at once their dollar subscriptions to the fund.

Remittances from Southern Medical men should be sent to the following addresses:

Alabama, R. F. Michel, M. D., Montgomery; Arkansas, R. G. Jennings, M. D., Little Rock; Florida, Thos. O. Sommers, M. D., Jacksonville; Georgia, J. A. Gray, M. D., Atlanta; Kentucky, Steele Bailey, M. D., Stanford; Louisiana, P. B. McCutchon, M. D., 103 Canal St., New Orleans; Maryland, G. H. Rohé, M. D., Baltimore; Mississippi, W. F. Hyer, M. D., Holly Springs; North Carolina, W. C. Murphy, South Washington; South Carolina, R. A. Kinloch, M. D., Charleston; Tennessee, C. C. Fite, M. D., Knoxville; Texas, F. E. Daniel, M. D., Austin; Virginia, G. B. McCorkle, M. D., Covington; West Virginia, S. L. Jepson, M. D., Wheeling.

THE AMERICAN PRACTITIONER AND NEWS.

In the July 10 number of *The American Practitioner and News*, is an abstract entitled, The Treatment of Varicocele, with the following introduction: Dr. R. F. Weir contributes the following to the *New York Medical Record*. Dr. Weir's very interesting paper in the *Record* was over two pages of that journal, while the abstract, *prepared by us*, was certainly not over one-eighth the length of the ori-

ginal and arranged by us for the convenience of our readers in rapidly running over the various operations proposed. If the abstract was valuable enough to be taken from us bodily, word for word, by the *News*, surely it would have been more in the journalistic spirit to credit us with it.

ABSTRACTS EXTRACTS AND ANNOTATIONS,

MEDICINE.

THE CONDITIONS WHICH AGGRAVATE SYPHILIS.

M. Fournier, the renowned syphilographer, made some very interesting remarks on this important subject in a clinical lecture, recently delivered at the Hôpital St. Louis. The following is an abstract of the original lecture as published in the *Gazette des Hôpitaux*.

The degree of virulence of syphilis must depend either on the quality of the virus, or on the nature of the soil in which the disease is implanted, in other words on the constitution and habits or mode of life of the individual contracting the disease.

Although the first theory, that of the quality of the virus, is very enticing, yet it has long ago been abandoned as it is not clinically correct, as shown by a number of cases mentioned by Dr. Fournier, among which the following is selected as being of unusual interest.

A young woman, aged 22, contracted syphilis from her husband; the chancre assumed immediately a phagedenic character, involving nearly the whole integument of the abdomen and trunk. After considerable trouble this was cured, but in a short time deep ulcerations again appeared, this time on the face, and destroyed completely the nose and upper lip; she soon passed into a state of consumption and died of that low form of pneumonia found in cachectic subjects. The husband, on the other hand, from whom she had contracted the disease, had a very mild syphilis; the chancre was very small, and cicatrized in three weeks;

it and a few maculæ and mucous patches were all the manifestations of the disease.

As the gravity of syphilis is not due to the quality of the virus, it must be dependent on the nature of the soil, in which it is implanted. This is the opinion now held by M. Fournier and the best authorities. The conditions of the soil, which aggravate syphilis, are:

1st, Alcoholism. — A powerful factor in increasing the virulence of this affection, favoring the spreading and increasing the intensity of the cutaneous lesions; producing severe symptoms, tertiary in character, early in the secondary stage of the disease; creating special types of eruptions, malignant and involving large areas of the skin surface, causing more frequent outbreaks of the syphilides, depressing the system and sometimes determining a cachexia, which brings on death at times, and finally predisposing to early nervous manifestations and causing deposits in the brain and spinal marrow.

2d, Age. — Syphilis is always severe at the two extremes of life. In the infant the disease, whether inherited, congenital, or acquired, is very frequently fatal, this being in strong contrast with its benignity in the child, 2, 5 or 6 years of age. In the adult it is usually mild. After 50 or 55 years the disease begins to be severe and in old age it is extremely virulent, the chancre having a tendency to become large and phagedenic, the syphilides ulcerating easily, tertiary symptoms, gummata, and cerebral syphilis showing themselves early.

3d. — Scrofula and tuberculosis act on syphilis and give rise to special symptoms, and at the same time syphilis exerts an unfavorable influence on those diseases. In those cases the syphilides have a moist, suppurating, and fistulous character; ocular, osseous and articular lesions are frequently present; and the larynx, pharynx, and nose are early and deeply involved. In scrofulous subjects a particular, mixed kind of inflammation of the glands is noticed and in young subjects lupus is common. In patients with a tuberculous tendency pulmonary lesions are very often hastened.

4th. — Malaria also predisposes to grave forms of syphilis as is known to all those who have had the opportunity of following the latter affection in persons affected with malarial toxæmia.

5th. — All the agents, which depress the vital economy, can serve as factors of virulence in syphilis, such, for in-

stance, as extreme poverty, bad hygiene, insufficient alimentation, previous or accompanying disease, pregnancy, prolonged lactation, fatigue, mental worry, etc., etc. The most common, and, therefore, the most important of these being extreme poverty.

BERI-BERI AND KAKKÉ.

In an editorial reference in our February number to the Transactions of Sei I Kwai, the Society for the Advancement of Medical Science in Japan, among other things we spoke of kakké, a disease which carries off many every week in Japan, and expressed a longing to know what might be the dread disease concealed under this, to us unmeaning, name.

Now, at last we have it. In the last number, 53, of *Sei I Kwai*, p. 108, its synonym is placed alongside of it, *beri-beri*. This disease is probably "essentially the same disease as pernicious anæmia modified by climatic influences" (Ref. Handbook, vol. 1, p. 491).

It is a disease characterized by profound anæmia and debility, dropsical effusions and nervous derangements. It occurs "endemically in Ceylon, India, Malabar Coast and in the Northern Circas between 13° and 20° North latitude * * *, Burmah and the Malayan Peninsula" (Ref. Handbook, Art. Beri-beri), and as we learn from *Sei I Kwai* also with great frequency in Japan.

The word beri-beri signifies a very great debility, "beri" meaning "debility," the repetition of the wording serving to intensify.

ANALYSES OF MISSISSIPPI RIVER WATER, ARTESIAN (?)
WELL WATER AND RAIN WATER.

The Mississippi River water, was drawn from the service pipes of the Water Works Co.

The Artesian well water was collected from the Howard well in Lafayette square.

The samples of rain water were taken from cisterns in the neighborhood between Washington and Eighth, and St. Charles and Prytania streets.

Mississippi River Water.	Artesian Well Water.
Odor heated to 40° C. None.	Faint, woody.
Appearance of filter'd water. Clear.	Clear.
Color of filtered water. None.	Brownish yellow.

Total solids in 100,000 parts.	<u>12.500</u>	<u>142.300</u>
Sodium chloride.....		52.533
Sodium and magnesium. chlorides....	0.739	
Sodium sulphate.....		0.015
Sodium carbonate.....		31.385
Calcium carbonate.....	4.026	2.460
Calcium sulphate.....	0.975	
Magnesium carbonate.....	2.385	2.198
Potassium sulphate.....	0.912	
Iron and aluminium oxides.	0.156	0.718
Silica.....	1.260	2.793
Organic volatile matter and loss.....	2.047	50.198
<hr/>		
Nitrates, (as N.).....	0.019	minute traces.
Nitrites.....	None.	None.
Ammonia, saline.....	0.0085	0.104
Ammonia, albuminoid.....	0.0030	0.024
Phosphates.....	minute traces.	heavy traces.
*Oxygen consumed by organ- ic matter.....	0.1330	0.8075
<hr/>		
Hardness, temporary.....	4.03	2.34
Hardness, permanent.....	3.38	1.56

RAIN WATER.

	From old and partially rot- ten Cis., never cleaned. shingle roof.	From new Cis. (3 weeks old), slate roof.	From Cis. 15 years old, never cleaned, slate roof.	From Cis. 10 years old, cleaned 3 years ago. S. roof
Appearance.....	clear	clear	clear	clear
Color.....	brown	faint tinge of yellow	none	none
Total solids in 100,000 parts. .	11.500	7.200	5.000	5.500
Loss on ignition.....	3.500	2.400	2.000	3.200
Chlorine.....	0.150	0.350	0.120	0.100
Ammonia, saline.....	0.068	0.016	0.035	0.013
Ammonia, albuminoid.....	0.024	0.020	0.018	0.012
Nitrous and nitric acids.....	none	none	none	none
*Oxygen consumed by organ- ic matter.....	1.140	0.180	0.142	0.057

*According to Franklin, Tidy and Sutton, the amount of oxygen required to oxidize the organic matter present in any sample of water forms the most reliable test of its fit-

ness for use as a beverage. The maximum amount must in no case exceed 0.4 per 100.000, and even those waters which consume from 0.3 to 0.4 must be regarded, as of doubtful purity.

R. N. GIRLING, New Orleans.

SURGERY.

GASTROTOMY FOR FOREIGN BODIES.

(B. Cr  d   in Von Langenbeck's Archiv, 1886, Bd. xxxiii p. 574.)

The very different foreign bodies, that find their way in to the stomach, are often removed by abscess or defecation, even in cases where one, considering the size and form of the bodies, would believe it to be impossible. Sometimes they find unusual routes, in that they penetrate the stomach and the intestines, form an abscess and make their appearance spontaneously, or by incision at same place in the abdomen or back. Most patients recover in this manner, yet some die because there is no adhesion between the organs in question and the point of exit, or on account of continued suppuration, blood-poisoning, etc. But sometimes the foreign bodies are of such a nature they cannot leave the stomach and by their continued irritation cause danger.

In earlier times most patients of this kind died, because little good was expected from an operation, but nowadays one inclines more readily to gastrotomy. One finds, then, either no adhesion between the stomach and the abdominal walls or there is adhesion with or without abscess. Adhesions diminish the danger of operation. Artificial teeth or sets of teeth play a prominent role in the cases in question. It is incredible how many poorly fitting sets of teeth are to be found, and how often the interested party neglects to take them out at night. A case in Cr  d  's practice is as follows: A twenty-four year old man had for four years been wearing an upper set of artificial teeth, consisting of eight teeth with two silver hooks and a large, hard roof plate. The set fitted badly and a new one, purchased before the three months operation likewise did not fit well, and besides one of the hooks soon came off. He was not accustomed to take it out at night. One night he woke suddenly and felt that he was choking. He remarked immediately that the teeth were in his pharynx and as he could not get them out he knew no better remedy than to push them down with force. He got along very well thereafter, but

the teeth did not make their appearance with the feces, and he noticed lancinating pains in the region of the stomach. Cr  d   ordered mush and enveloping food and rest on the right side at night. But as he lost in strength, and the pains became more severe and nausea and vomiting set in, he proposed an operation to him. It was carried out. Through an incision 5 centimetres in length in the stomach, the foreign body was easily removed. It lay at the pyloric end. Everything went well. Fifteen days after operation the patient was up. The only trouble (?) that the whole affair caused the patient, was that his intended bride declared that "she could'nt marry a man that had gone through such as that."

The most interesting part of the article is Koch's collection of cases of gastrotomy for foreign bodies. The cases are arranged in two tables. In the first table are ten minutely described cases, where gastrotomy was performed, there being no adhesion between the stomach and the abdominal wall; of these eight were cured, notwithstanding that four of them were operated on before the days of antiseptics.

The second table contains 9 minutely observed cases, where the stomach was adherent to the abdominal wall, some associated with abscess. Eight recovered, but there was always a temporary stomach fistula. One died.

Besides, there are communications about 7 not so well observed or recorded cases, where the information concerning the relation of the stomach to the abdominal wall is wanting. The foreign bodies removed were:

In eight cases, forks; in five cases, knives; in two, spoons; in one, a broken sword hilt; in one, a catheter; in one, a broken coin-detector; in one, a copper wire; in one an elm wig; in two, lead-pencils; in two, hair balls; in two, an artificial set of teeth; of these 26 cases, 22 recovered, four (4) died. The oldest cases are 1602 (Mathis), 1635 (Schwabe) and 1692 (Wesener).—*Hospitals Tidende*.

PERSIAN METHOD OF CURING HERNIA.

Dr. Cochran, of Oroomiah, Persia, writes to the *Medical Press of Western New York* an interesting letter on the mode of radically curing hernia, practiced by native Persian surgeons. The method is cauterization by the actual cautery and the instrument is an iron ring, $\frac{1}{4}$ inch in breadth and sufficiently large in diameter to include $\frac{1}{8}$ of an inch of tissue. The ring, attached at right angles to an iron up-

right (with a wooden handle) is heated to dull redness, and gradually pressed against the skin and through the tissues to the external ring. A ring of dough, laid on the skin, limits the cauterization. When the iron cools, it is again heated and the process repeated until completed. The after treatment aims to make the ugly burn heal gradually, so as to increase the size and firmness of the cicatrix. The results Dr. Cochran has not yet been able to determine, but he has heard of no fatal case. A case operated on in his presence by a native was a failure. The man got well of the operation but the cicatrix did not keep back the intestine. He knew, however, of three men who were perfectly cured by the operation performed in adult life, and two children operated on have firm cicatrices with no protrusion of the gut.

ANEURISM OF THE SUBCLAVIAN ARTERY CURED BY GALVANO-PUNCTURE.

Dr. Saboia has presented to the Imperial Academy of Medicine of Brazil the history of a case of aneurism of the right subclavian artery in a young man, aged 30, cured by galvano-puncture. The tumor was of the size of a small hen's egg, bounded on the inner side by the sterno-mastoid, below by the clavicle, and on the outside by the trapezius. There was no difference between the pulsations of the two carotids, but the radial pulse of the left side was strong, full and vibrating, while on the right side it was small, filiform and scarcely perceptible. Two metallic needles were introduced into the tumor and connected with the positive pole of a Gaiffe's pile of fourteen elements, the negative pole being applied to the trunk at a distance from the aneurism. The sitting lasted thirty-five minutes, at the end of which time the tumor had become tense and had ceased to pulsate. — *Medical and Surgical Reporter*.

OBSTETRICS AND GYNÆCOLOGY.

REMOVAL OF OVARIES FOR FIBRO-MYOMA.

Dr. Duplay, in the *Arch. Gén. de Méd.*, 1886, June, reports two cases where, in consequence of uncontrollable menorrhagia due to uterine fibro-myoma, the ovaries were successfully removed. Based upon these observations and upon all the cases reported in literature and compiled for the Congress at Copenhagen, D. arrives at the following conclusions:

1. The removal of both ovaries is a remarkable success in severe metrorrhagia caused by uterine fibroids.

2. Notwithstanding the comparatively small mortality (14 per cent.), this operation ought to be performed only after all other milder means have been exhausted.

3. The operation is specially indicated in fibro-myoma of small and in those of moderate size, whose removal would be difficult or impossible, if not dangerous to life.

4. Whenever these conditions are obeyed, castration results almost invariably in the cessation of the hemorrhage, and also often in a diminution of the size of the tumors.

5. Castration is contra-indicated in large and cystic myoma, which are to be removed only by hysterectomy.

6. The operation must be performed on both sides; the extirpation of the free end of the tubes is also to be recommended, as otherwise they would suppurate and only produce irritation in the wound. — *Medical and Surgical Reporter*.

BOOK-NOTICES.

The Disorders of Menstruation: A Practical Treatise by John N. Upshur, M. D., Prof. of Materia Medica and Therapeutics in the Medical College of Virginia, Richmond, Va. New York and London: G. P. Putnam's Sons. [New Orleans: Armand Hawkins. Price, \$1.25.]

Under the above heading, the author has given us a very useful hand-book for the treatment of most of the diseases of women we meet in general practice. On the whole it is very satisfactory, and we have no doubt that it will be well received by the profession. In the treatment of dysmenorrhœa, however, we do not think the author does justice to the method of rapid dilatation so ably advocated by Dr. Goodell, giving the preference to Sims's operation of slitting the neck of the uterus. It is well, therefore, for the reader to bear in mind that Dr. Goodell strongly recommends the dilatation method, and strongly condemns section of the neck as more dangerous and less efficacious, and numbers of prominent writers have corroborated his observations. His remarks on pelvic cellulitis are rather too scant to be satisfactory. We doubt if those cases can be easily disposed of, as the author will lead us to believe. We would like to hear more from the author on that subject.

G. B. L.

The Methods of Bacteriological Investigation. By Dr. Ferdinand Hueppe, Docent in Hygiene and Bacteriology in the Chemical Laboratory of R. Fresenius at Wiesbaden. Translated by Herman M. Biggs, M. D., Instructor in the Carnegie Laboratory, etc. New York: D. Appleton & Co., 1886. [New Orleans: Armand Hawkins. Price \$2.50.]

The author says this work was written at the instigation of his teacher, Geheimrath Koch. It is certainly a very valuable addition to English medical literature to have a description of the methods of bacteriological investigation of a school of bacteriologists, of which Koch is the head. The translator deserves the thanks of the English speaking portion of the medical fraternity for having placed this work within their reach. G. B. L

Fractures and Dislocations: By T. Pickering Pick, F. R. C. S. Surgeon to and lecturer on Surgery at St. George's Hospital. Illustrated with 93 engravings. Philadelphia: Lea Brother & Co., 1886, 8vo, pp. 517. [New Orleans: Armand Hawkins, 196 1/2 Canal street. Price \$2.00.]

The object held in view by the author in writing this manual was to make it essentially clinical and practical. He has discussed in a clear and sufficiently comprehensive manner the causes of the various fractures and dislocations, their diagnosis and their appropriate treatment. The author, under the head of fractures of the lower end of the humerus, makes no mention of the treatment in the extended position of the fore-arm, so strongly recommended by Dr. Allis, of Philadelphia. This plan, in favor of which Dr. Allis makes such strong arguments, might, we think have been referred to, if not recommended. The book we regard as an excellent and reliable manual for the working practitioner and the student of surgery.

F. W. P.

The Principles and Practice of Surgery; By Frank Hastings Hamilton, A. M., M. D., LL. D. Third Edition revised and corrected and illustrated with 472 wood engravings. New York: William Wood & Co., 1886.

The first edition of this well-known work on surgery appeared in 1872, the second in 1873. This last, the third, edition has been revised and corrected. The author has

not attempted to present a complete treatise, but only a "text-book for students and a direct and complete guide in surgical practice." While we cannot say that the book is in every respect abreast of the surgical progress of the day, as for instance in the treatment of gun-shot wounds of the belly, still as the clear expression of the views of a surgeon of long and varied experience, the volume must find its place in the library of every conscientious surgeon. For the student of surgery the book can but be acceptable, owing to the pleasing style and the perspicuous manner in which the various surgical subjects are treated. The paper is good, the type large and beautifully distinct and the illustrations excellent. We cannot say that the book is superior to any one of several single volumes on surgery examined by us, in some respects it is inferior, but we can recommend it to the practitioner and to the student as furnishing a brief, but comprehensive and trustworthy, discussion of surgical diseases and injuries.

F. W. P.

A Manual of Surgery. In Treatises by Various Authors. In three volumes, edited by Frederick Treves, F. R. C. S., Surgeon to and Lecturer on Anatomy at the London Hospital. Vol. I—General Surgical Affections: The Blood-vessels; The Nerves; The Skin. Vol. II—The Thorax; The Organs of Digestion; The Genito-Urinary Organs. Vol. III—The Organs of Locomotion and of Special Sense; The Respiratory Passages; The Head; The Spine. Duodecimos, 1866 pages, 213 engravings. Per volume, cloth, \$2. Philadelphia: Lea Brothers & Co., 1886. [New Orleans: Armand Hawkins.]

These three volumes are composed of contributions from some of the foremost surgeons of Great Britain, such as John Chiene, William Stokes, Furneaux Jordan, Jonathan Hutchinson, Treves, Butlin, Gould, Greig Smith, Pick, Whitehead, Sir William MacCormac, Cripps, and others of note. With such an array of talent marshalled under the direction of Frederick Treves, who is responsible for the arrangement and general make-up of the work, it is needless to say that the result aimed at has been well accomplished, to "present to the student and practitioner a concise account of the leading facts and principles of modern surgery."

F. W. P.

MARRIAGES.

DR. LUTHER SEXTON, of Wesson, Miss., and Miss Katie Hartwell, of the same place, were married on the 1st of July. Dr. Sexton was a resident student of the Charity Hospital in 1878-1880; in 1880, the valedictorian of the graduating class, in the medical department, University of Louisiana, and at present an occasional contributor to our pages. The JOURNAL extends its most cordial congratulations.

On Tuesday, July 6, at Afton Villa, West Feliciana Parish, Dr. J. N. Borg, of Jackson, La., was married to Miss Ellie Boone Howell.

Deaths.

Just as our last pages go to press, we get the sad news of the death of DR. ISAAC L. CRAWCOUR, on Sunday, July 25.

For more than two years past, it is said, he had suffered of Bright's disease of the kidneys, the knowledge of which he kept for a long time within himself. He was compelled to take to his bed on Friday morning the 23d of July. From this time he grew steadily weaker until his death at 2:45, P. M., Sunday, July 25.

Dr. Crawcour was a man of the highest intelligence and great accomplishments in medicine. He was born June 14, 1825, in Devonshire, England. He studied medicine in London, became a resident in Guy's Hospital and graduated at the University of London, we believe, in 1851. He came to New Orleans in December, 1851. He received a complimentary diploma also from the New Orleans School of Medicine, where he became professor of medical chemistry in 1858. He was one of the founders of the New Orleans Academy of Sciences, of which he was for many years an active member.

Dr. Crawcour was a prominent member of the New Orleans Medical and Surgical Association, where we have often listened with pleasure to his fluent and highly instructive remarks on any subject that might be up before the meeting for discussion.

He was a man, who had read extensively and carefully in medical and general literature; he had consequently a vast fund of information on all subjects and a remarkable readiness in debate and in conversation. As a physician he was in the front rank of the profession, was an original in-

investigator and ever foremost in the attempt to augment our power to influence disease. A subscriber to the best medical journals and an attentive reader of them, he was well posted in the current medical literature of the day. He was remarkably enthusiastic in the practice of his profession, and to this enthusiasm the profession of this city is indebted for the first introduction of some instruments and methods of procedure now in general use.

In the death of Dr. Crawcour the profession has lost a most accomplished and zealous member and the public a most skilful physician and painstaking adviser.

To his afflicted wife and family we extend our heartfelt condolence, hoping that the universal esteem in which the doctor was held by the medical and general public of this city will in some measure assuage the grief, which words of ours are powerless to help.

DR THOMAS R. ALDRICH, one of the oldest practicing physicians in Charleston, died recently at his residence, at the corner of Meeting and John streets, after a lingering illness. Dr. Aldrich was 75 years of age, and had devoted the greater part of his life to the practice of medicine in Charleston. He belonged to that old school of physicians, the members of which have done so much for the advancement of their profession, but who are now gradually passing away.

He was born in Charleston on the 27th of September, 1812, being a brother of Judge A. P. Aldrich, of Barnwell. He received his medical education at the Medical College of South Carolina under Drs. Holbrook and Geddings, and graduated in company with several of the most distinguished physicians of that city.

Dr. Aldrich lived a life of great usefulness and was never found wanting at the call of duty, whether it was to minister to the wants of suffering humanity or to uphold the cause of truth and justice. He served in both the Florida and Confederate wars. In the former he did efficient service as lieutenant of the Washington Volunteers, and was afterwards promoted and made an adjutant under Gen. Brisbane. He also did his duty in the Confederate war, being first lieutenant of the Marion Rifles, which company saw service at Cole's Island. Since the war Dr. Aldrich has resided in Charleston, where he has pursued the practice of his profession to the honor of his calling and the good of his fellow-men.

DR. M. FOUNTLEROY, of Staunton, Va., died last month at his home. Dr. Fountleroy was a prominent man in his profession, having been an assistant surgeon in the United States Army, in anti-bellum days; then a surgeon in the Confederate Army, and later, the superintendent of the Western Lunatic Asylum. At one time he was President of the Virginia State Medical Society.

MEDICAL NEWS AND MISCELLANY.

DR. OLIVER WENDELL HOLMES.—Dr. Oliver Wendell Holmes, amid a scene of great enthusiasm, was admitted to the degree of Doctor in Letters (*honoris causâ*) in the Senate House, Cambridge, on Thursday week [June 17]. The orator characterised him as one who combined enthusiasm for science with distinction in literature, one who “Phæbo ante alios dilectus” had received more than one gift of Apollo, the gift of skill in the healing art as well as the gift of eloquence and soul. They had lately heard with pleasure that the writer, whose almost earliest poem was “The Last Leaf,” had just announced the “First Opening of the New Portfolio.”—*British Medical Journal*, June 26, 1886.

The oration which was delivered in Latin, was concluded in words of which we venture the following translation:

“Methinks I have heard a certain bard singing that he, in whose soul eternal summer reigned, ought not to be called old. I should verily believe that, not among the fabulous islands, but in the perpetual, the mutual love, of the academic youth, this happier sailor had found that fountain of perpetual youth which the Spanish sailors sought in vain across the Atlantic Ocean. Let him yet long sail, in a smooth-riding boat, across that great western sea. After the manner of that nautilus, which he has described in such beautiful verses, let him daily strive through greater things to higher. His own academy, happily preserved through so many years, let him again within a few months celebrate by means of a secular poem, and may he himself, long surviving, be to it an ornament. At last, for honor’s sake, admitted to our academy may he yet for a long time flourish and continue in vigor and in health, for the benefit of ours and the whole republic of letters, the doctor of letters, Oliver Wendell Holmes.”

MORTUARY REPORT OF NEW ORLEANS

FOR JUNE, 1886.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial.....	5	9	9	5	6	8	14
“ Congestive.....	2	4	3	3	3	3	6
“ Continued.....	.....	.....	.....	.....	.....	.....	.....
“ Intermittent.....	1	.....	1	.....	1	.....	1
“ Remittent.....	4	1	3	2	4	1	5
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	3	.....	.....	3	3	.....	3
“ Puerperal.....	.....	1	.....	1	1	.....	1
Scarlatina.....	.....	.....	.....	.....	.....	.....	.....
Small-pox.....	.....	.....	.....	.....	.....	.....	.....
Measles.....	.....	.....	.....	.....	.....	.....	.....
Diphtheria.....	3	.....	.....	3	.....	3	3
Whooping Cough.....	3	.....	2	1	.....	3	3
Meningitis.....	8	7	12	3	2	13	15
Pneumonia.....	4	3	1	6	2	5	7
Bronchitis.....	6	2	7	1	2	6	8
Consumption.....	34	35	31	38	67	2	69
Congestion of Brain.....	12	5	10	7	10	7	17
Diarrhœa.....	9	7	8	8	3	13	16
Cholera Infantum.....	41	5	26	20	.....	46	46
Dysentery.....	4	1	2	3	5	.....	5
Debility, General.....	2	4	3	3	6	.....	6
“ Senile.....	11	10	11	10	21	.....	21
“ Infantile.....	9	6	8	7	.....	15	15
All other Causes.....	187	94	158	123	152	129	281
.....
.....
TOTAL,	348	194	295	247	288	254	542

Still Born Children—White, 24;
 Population of City.—White, 173.500
 “ “ Colored, 64.500

Colored 15; Total 39.

Total, 238.000

Death rate per 1000 per annum for month,—White, 24.06.

“ “ “ “ “ “ Colored, 36.09.

“ “ “ “ “ “ Total, 27.32.

W. H. WATKINS, M. D.,

Sanitary Inspector

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—JUNE.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in in. & Hund.	GENERAL ITEMS.
		Mean	Max.	Min.		
1	29.931	80.5	90.9	71.1	....	Highest Barometer, 20.077. 26th.
2	29.939	80.9	90.6	74.1	.05	Lowest Barometer, 29.740. 15th.
3	29.975	81.3	92.0	74.6	....	Monthly Range of Barometer, 0.337.
4	29.937	79.7	88.1	74.5	....	Lowest Temperature, 70.0, 8th.
5	29.895	74.3	82.5	72.7	.23	Monthly Range of Temperature, 22.0.
6	29.854	72.5	84.0	71.0	.29	Greatest daily range of Temp. 19.8-1st
7	29.872	74.5	85.8	70.3	.68	Least daily range of Temp're, 9.5-12th
8	29.953	75.7	81.9	70.0	.36	Mean daily range of Temperature, 14.2.
9	29.917	75.5	84.0	72.4	.67	Mean Daily Dew-point, 72.1.
10	29.853	76.2	88.8	72.9	.85	Mean Daily Relative Humidity, 81.6.
11	29.850	80.1	88.1	73.9	.06	Prevailing Direction of Wind, S. E.
12	29.867	80.1	84.7	75.2	.54	Total Movement of Wind, 38.39 miles.
13	29.862	77.9	84.9	73.6	1.35	Highest Velocity of wind and direction,
14	29.796	80.0	87.2	76.0	.13	24—S. E.
15	29.781	81.5	88.2	75.0	1.01	No. of clear days, 7.
16	29.818	80.9	87.9	77.8	.05	No. of fair days, 16.
17	29.878	80.6	90.0	73.8	.18	No. of cloudy days, 7.
18	29.919	81.3	90.0	73.6	.02	Dates of Lunar Halos, 12th, 13th.
19	29.897	79.5	88.0	72.9	....	Dates of Thunderstorms, 2, 5, 6, 7, 8, 10,
20	29.819	79.8	87.0	72.2	....	13, 14, 15, 17, 18, 22, 23, 26, 29.
21	29.820	78.1	85.6	72.1	....	MEAN TEMPERATURE FOR THIS MONTH IN
22	29.862	76.9	84.0	72.0	.53	1873.....80.1 1880.....83.0
23	29.860	74.9	84.0	71.2	.42	1874.....81.3 1881.....81.0
24	29.916	79.9	88.3	71.2	....	1875.....80.1 1882.....80.7
25	30.025	80.1	88.5	71.2	.28	1876.....80.6 1883.....79.4
26	30.060	76.9	86.0	73.8	1.06	1877.....82.0 1884.....82.1
27	29.987	81.0	90.8	74.8	....	1878.....89.9 1885.....78.7
28	29.964	81.0	90.0	74.5	....	1879.....80.1
29	29.972	81.0	90.2	72.3	.54	TOTAL PRECIPITATION (IN INCHES AND
30	29.900	78.7	88.0	72.5	....	HUNDRETHS) FOR THIS MONTH IN
.....	.....	.....	.....	.....	.....	1873..... 6.68 1880..... 6.43
Sums	.....	.....	.....	.....	9.30	1874..... 9.62 1881..... 2.84
Means	29.899	78.7	92.0	70.0	....	1875..... 4.92 1882..... 2.71
						1876..... 6.20 1883..... 12.65
						1877..... 2.75 1884..... 8.60
						1878..... 7.35 1885..... 3.30
						1879..... 2.96 1886..... 9.30

M. HERMAN, Sgt. Signal Corps, U. S. A.

Mind your Eyes!

Translated (with the author's permission) from the French of

FRANCISQUE SARCEY,

--BY--

HENRY DICKSON BRUNS, M. D..

Visiting Oculist to the Charity Hospital, New Orleans,

PUBLISHED BY

The New Orleans Medical Publishing Association.

This is a very charming little book; and, being little and being charming, the reader cannot relinquish it without having read it through. There results therefore, a very strong impression in favor of the book, and it may be rationally argued that one large dose of a small book is calculated to do more good than many homœopathic doses from a larger one. The effect produced is more vivid, and, if the subject is well handled, a more complete knowledge of it is attained.

Mr. Francisque Sarcey's chief object in thus writing is to warn myopic people to wear glasses in time, and thus to avoid the danger of cataract. As being himself the victim of very high myopia, and having, through neglect and ignorance of the impending danger, lost one eye and in the other suffered from a cataract, which was finally removed, he feels impelled to write out for the benefit of his fellow sufferers all the particulars of his case. He does this in a style at once simple and philosophical, and in the particular vein of humor so eminently French.

It would be very pleasant to give portions of his narrative here, but as the book is within the reach of every reader—and as every reader should certainly possess a copy of it—that is scarcely necessary. So far as the accurate scientific knowledge displayed in the little work is concerned, it need only be said that Dr. H. D. Bruns has given it the high sanction of his endorsement.

The New Orleans Medical Publishing Association has brought it out in large type and on excellent paper.—*Gaillard's Medical Journal.*

A dainty booklet, translated from the French of Francisque Sarcey, by Dr. Bruns, of New Orleans. It is the charming story of a near-sighted man who had the wit and the skill to portray his own sensations all through the revelations which befel him by the accidental application of his father's spectacles in a boyish prank to his myopic eyes, and his vivid recollections of a cataract extraction. It is a valuable lesson to advise our lay patrons to read it, and they will prove themselves doubly myopic if they cannot enjoy it.—*North Carolina Medical Journal.*

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NEW SERIES.

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SEPT., 1886.

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No. III.

The
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*Paullum sepultæ distat inertia
Celata virtus.*—HORACE

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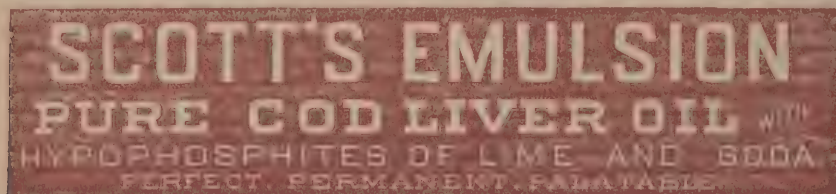
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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

SEPTEMBER, 1886.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

The Diseases of the Skin Caused by the Vegetable Parasites ; Their Symptoms and Treatment.

By GEO. T. ELLIOT, M. D.

Assistant Visiting Physician, New York Skin and Cancer Hospital, Attending Dermatologist, Demilt Dispensary, Etc.

(Concluded from August number.)

HERPES TONSURANS.

Since the affection produced by the trichophyton tonsurans offers somewhat different symptoms, according as it appears upon those parts covered with hair, or upon those which have only the lanugo hairs, and since it likewise has several subdivisions, it is advisable for the sake of clearness to treat of each separately.

(1.) Ringworm, when present on those portions of the skin where hair normally is found, appears as one or more spots of variable size for the most part circular in shape. The edges are quite distinctly marked, sometimes slightly elevated and reddened. There may be a few small vesicles, but more usually brownish crusts will be observed along

the margins. In the older spots, there are generally no particular characteristics seen in the periphery. The surface enclosed within these circular edges is sometimes erythematous and slightly swollen, but more often without any signs of inflammation. It is more or less covered with small whitish branny scales. The hairs are very short, being broken off just above the skin, are without lustre and very brittle. They are easily detached from the papilla or break after the slightest traction has been made..

Several of these spots may be found on different portions of the scalp, or the disease may have extended over the whole surface. If this latter has occurred, a correct diagnosis may be a little difficult, but usually a more or less distinctive edge will be found, or possibly an unmistakable lesion may be present on the neck or face. In case of doubt, examination of some of the scales or hairs will reveal the nature of the affection. The microscope may be used or the hairs may be treated in the way recommended by Dyce Duckworth. He found that when hairs, which contained the tricophyton, were soaked for a few minutes in chloroform, they became chalky white, a change which occurred under no other conditions.

It is scarcely ever necessary to make a differential diagnosis between ringworm of the scalp and other affections. By carelessness, though, it may be confounded with alopecia areata or psoriasis of the scalp. But in alopecia the circular spots, which are seen, are not scaly, are entirely devoid of hair and the scalp appears to be perfectly normal. In psoriasis the accumulation of scales is usually quite large, and the hair shows no change beyond, perhaps, slight thinness. From the symptoms given, it may be seen how impossible it would be to confound it with favus.

(2.) Herpes tonsurans, or herpes circinatus, the ordinary ringworm of those portions of the body not covered with hair, appears singly or in large numbers. The lesion begins as a small papule, which quickly enlarges peripherally, involution taking place in the centre.

Or it appears as a small ring of vesicles, herpes tonsu-

rans vesiculosus, which grows larger by the formation of new vesicles around the periphery. The edges are red, slightly elevated and in one form, as just mentioned, is occupied by small vesicles. The centres are either slightly erythematous or covered with squamæ, or they have already become pale and show only a few scales. A slight burning or itching sensation accompanies the lesions. Occasionally the vesicular variety of herpes tonsurans appears under the form of an acute eruption over the entire body. There is usually a considerable amount of inflammation and swelling around the lesions, but their general characteristics are the same as those already given. There may be some fever with this form of the affection.

(3.) Herpes tonsurans maculosus et squamosus is also a variety of ringworm of the body, which appears either limited in number or as an acute eruption over a large portion or the whole of the body. When only few in number they are usually situated on the face and the region of neck. In the acute form, a very large number of lesions appear at once. From very small papules they enlarge in a few hours to the size of a pea, and already show a squamous condition of their centres. There is considerable erythematous redness around their borders, more than in the other forms, and also more desquamation. Some of the lesions have not that distinctness of outline usually found in ringworm. They appear as though splashed on the skin. There is a continual out-cropping of new spots until hundreds may be present. As they grow larger, they approach more nearly to the type of the herpes tonsurans circinatus, and their course is likewise a similar one. In the newer lesions it is difficult to demonstrate the presence of the trichophyton, but when they are older this can be done with ease. Ringworm of the body, when multiple, may be confounded with other affections, but recognition of the salient characteristics of each spot, its manner of development, and examination of the scales for the trichophyton will easily prevent error. The annular psoriasis also develops from a single lesion, but its course

is much less rapid, the centres are normal, squamæ being found only on the borders, which show much greater infiltration and consequent elevation. The squamæ are also very much more abundant, and in psoriasis there are not any vesicles. Moreover, the smaller lesions show distinctly the punctate hemorrhage, a characteristic of psoriasis. The late macular syphilide sometimes undergoes involution in the centre, so that ring-shaped lesions remain. These progress peripherally, the disappearance of the inner portion keeping pace with this progression, so that the resemblance to herpes tonsurans maculosus may be very deceiving, and require an examination of the scales to decide the question.

(4.) The subdivision *eczema marginatum* presents considerable deviations as to symptoms from those forms which have just been described. It is found most commonly on the genitals and inner surfaces of the thighs, also on the abdomen and perineum, and occasionally in the axilla, on the neck and face. It occurs most frequently on men, where the skin has for a long time been subjected to the macerating effect of the perspiration or of hydrotherapy. It appears as spots as large as the palm of the hand, or even larger, which are circular or having borders made up of segments of circles. The edges are irregular and covered with small papules, vesicles, or brownish crusts. The space enclosed within these borders is darkly pigmented, showing excoriations from scratching, crusts and, perhaps, new circles. The itching is very intense. It seems to possess little power of infection, and does not attack the hairs. It is exceedingly chronic, lasting sometimes from ten to twenty years. The demonstration of the *trichophyton* is difficult, as it is situated deep down in the epidermis. Eczema in the same locality is to be distinguished from *eczema marginatum* by its indefinite limitation and want of distinct borders, by the greater amount of exudation symptoms, and by the presence of weeping. Eczema also does not progress peripherally with any regularity but spreads in an entirely indeterminate manner.

(5.) The trichophyton causes again another variety of disease, which differs materially from all the other forms. Ordinary ringworm may exist in the beard, having the same appearances as when on the head, but frequently it produces that affection to which the name sycosis parasitaria has been given. It is most commonly found on those who have a great deal to do with horses or cattle, and on those who have strong, dark, heavy beards. At first it does not differ from ordinary ringworm, but without any known cause on such a spot small red papules will arise. They quickly become pustular, the skin is reddened, thickened, and large tubercles form, while small pustules continue appearing around the hairs. The secretion dries up into crusts, which retain the hairs in place after they have become detached from their papillæ. When the crusts and hairs are removed from the surface of one of these tubercles, the pus wells out from all the follicles as though from a sore, and, quickly drying, forms new crusts. As the affection progresses, it penetrates deeper and phlegmonous infiltrations occur, large subcutaneous abscesses form and great pain and tension are present. The submaxillary glands are generally enlarged. Later on, the site of some of the plaques is occupied by papillary growths, which many attain considerable size. The hairs are brittle and present substantially the same characteristics as in the more common form. The acuteness of its development, which usually takes from three to four weeks, the gravity of the symptoms and the presence of the trichophyton in the hairs serve to distinguish it from ordinary sycosis, which is a very chronic affection and one which develops slowly.

Treatment: The treatment of all these varieties of ringworm is substantially the same. The same remedies may be used for all of them, but special methods are needed when the affection is present in the hair, and also the extent of surface implicated will necessitate more or less energetic means. I shall consequently indulge in a little prolixity and take up each one separately.

In herpes tonsurans capillitii, the first step is to remove all the scales which may be present. This may be done with *R.* saponis viridis, ʒj ; spts. lavandul. alb., ʒii . *M.* ft. sol. The head being subsequently well washed with warm water and then dried. Epilation of all the hairs upon the spots and of those lying at least half an inch beyond the borders of the rings is to be done as rapidly as possible. In the intervals of time between epilations, any one of the ointments given under favus may be used. The salicylic acid or naphthaline ointment has given me the best results. Naphthaline is undoubtedly the best, were it not for its diabolical odor. I have used it in several cases and cured the affection without epilation. The scalp should be washed every third day with the solution of green soap. In place of salicylic acid pyrogallic acid may be used in the strength of 5 per cent. or corrosive sublimate (grs. iij-iv. ad. ʒi), or any one of the lotions already given.

In sycosis parasitaria the abscesses must be opened, the pustules emptied, and the crusts removed. I have found it very useful in these cases to spread the ointment thickly upon a piece of stout linen and bind it down upon the surface affected. When the papillary growths are large, scraping them out, or painting them with acetic acid, or use of astringents is sometimes beneficial. When the herpes tonsurans is situated on the non-hairy parts of the body, the treatment is much simpler. When only one or a few rings are present any one of the applications already given under favus may be used. Preferable to these, as it is much cleaner and remains much longer in contact, is the use of one of the following:

- | | |
|------------------------------|----------------|
| <i>R.</i> Acid salicyl..... | ʒi . |
| Collodii..... | ʒi . |
| <i>M.</i> ft. sol. | |
| <i>R.</i> Acid pyrogall..... | ʒss . |
| Collodii..... | ʒi . |
| <i>M.</i> et ft. sol. | |

The entire surface of the lesion is painted over, renewal being made as often as necessary. The pyrogallic acid solution demands greater care, as its too frequent use is apt to be followed by some dermatitis and pain, and, also, on some skins, by pigmentation.

If the eruption is of the vesicular form and extended over a large surface, starch or flour is to be applied freely until the acute inflammatory symptoms have subsided. Any of the ointments already given may then be used.

The macular form, when it appears as an acute eruption, calls for energetic treatment. It is also necessary to apply the remedy not only freely, but also over the entire skin, even upon those portions which show no lesions, in order to arrest the development of new crops. Any of the ointments already given are very good, or

R_y. Acid salicyl..... \mathfrak{Z} i- \mathfrak{Z} iss.

Ungt. aq. rosæ..... \mathfrak{Z} ij.

Lanolin..... \mathfrak{Z} vj.

M. et ft. ungt.

when properly used gives immediate and satisfactory results. An alcoholic solution of the same acid combined with 30 per cent. of spiritus saponis kal. may be rubbed on thoroughly by means of a piece of flannel. After each application, powder the surface well with flour, etc. Some smarting and extensive exfoliation of the skin accompanies and follows this form of treatment.

A very good, but heroic, treatment is that of using *sapo viridis*. It is rubbed in once a day for six days, and then the dermatitis is allowed to subside and the epidermis to exfoliate. Green soap is a very useful agent, but I don't think it ought to be employed except in small quantities as an adjunct to other remedies. *Herpes tonsurans* is not difficult to cure, if the remedies chosen are carefully and properly made use of. A large proportion of cases can be completely cured in a week or two. Only when present on the head and in the beard does it require a longer time. One form of the disease, however, is an exception to this,

viz., eczema marginatum. It is very rebellious to treatment and tends to recur continually. Owing to the fact that the fungus is situated very deep down in the epidermis, rather severe measures have to be made use of in order to destroy it. After employing all the remedies already given, it may be found necessary to apply poultices of *sapo viridis*, or strong solution of caustic potash (1—4), and then using the antiparasitic remedy on the raw surface produced. When the affection has been cured, the surface is to be carefully protected from the macerating action of the sweat, etc., by the free use of some powder and by separating the cutaneous surfaces from one another by means of pledgets of absorbent cotton. As powders, the following are beneficial:

R_x. Sulph. lactis vel acid salicyl.....℥ss.
 Pulv. zinci oxid.....℥ij.
 Amyli.....℥vj.
 M. et ft. pulv.

PITYRIASIS VERSICOLOR.

This parasitic disease of the skin, popularly known under the name of liver spots, is most commonly found on the trunk, but also appears on the extremities and neck. It is very seldom met with on the face and never on the hands or feet.

Its characteristics are very small yellow or brown spots, at times slightly elevated, which gradually grow larger and coalesce, forming diffuse patches of varying sizes. The borders are not well defined and beyond them the primary small lesions are seen. These spots may at times heal in the centre and spread slowly peripherally, forming ring-shaped lesions, but this is very exceptional. There is a continual desquamation of small branny scales from the surface of the patches.

Pityriasis versicolor is to be differentiated from chloasma and the pigmentary syphilide. It may be distinguished from both of these affections by the fact, that slight rub-

bing or scratching of the surface removes the scales and with them the brown discoloration.

In chloasma and syphilis, the dark color, being due to a deposition of pigment granules in the lowest layer of the rete malpighii, is unaffected by such rubbing or scratching. Examination of the scales shows the fungus, *microsporon furfur*, already described.

The treatment is substantially the same as that used in ringworm, and it is unnecessary to add anything to what has been already said, when treating of that affection.

ERYTHRASMA.

Erythrasma, like *eczema marginatum*, is also most commonly found on the inner surface of the thighs, where the scrotum lies upon them. It is also met with in the axilla, and wherever two cutaneous surfaces come in contact, and sometimes on the trunk and extremities. It occurs most frequently on men, never on children. Its first appearance is not usually noted, for the subjective sensations due to its presence are very slight and unnoticed. After being fully developed, it persists for months and years without change.

Erythrasma develops under the form of very small reddish spots, which, enlarging peripherally, without central involution, become as large as the palm of the hand or even larger. The eruption becomes confluent when these spots meet each other. (Riehl. *Wien. Med. Wechsft.*, No. 44, 1884.) It is in the confluent form that it is usually met with. The skin is seen occupied by a sharply limited patch of a brownish or reddish-brown color—in the newer lesions the color is even bright red. When brown, rubbing or scratching removes it with ease.

The borders of these patches are either uniform and convex, or more or less scalloped, when due to the coalescence of several neighboring spots. At times the entire surface is slightly prominent, and the borders of the newer lesions are often a little elevated.

The epidermis covering the entire surface desquamates slightly in the form of fine branny scales. There are no eczematous lesions present, such as vesicles, crusts, or papules, and the skin does not become thickened or infiltrated. Owing to the absence of these lesions, it is easily differentiated from eczema marginatum, and the only affection with which it can be confounded is pityriasis versicolor. Its resemblance to this latter is at times so great, that it is necessary to have recourse to the microscope for a decision.

The treatment is the same as in pityriasis versicolor. It is easily cured, but the practitioner must be prepared to see it constantly recur.

ONYCHOMYKOSIS.

The nails are also attacked by the parasites of both favus and ringworm.

When favus is the cause, we find circumscribed yellow or yellowish deposits in the substance of the nail, and also uniform thickening and splitting and cheesy degeneration. The diagnosis is difficult and has to be made principally by the microscope. It occurs very seldom.

Substantially the same symptoms are present when the trichophyton tonsurans is the exciting cause, only the nails become cloudy instead of yellow.

Macroscopically the affection cannot be differentiated from eczema or psoriasis of the nails, but the parasite already described must be sought for with the microscope.

Onychomykosis is very rebellious and yields only slowly to treatment. The nail is to be scraped, or the affected points excised. Strong antiparasitic applications are necessary. Hydrargyrum bichloridum, dissolved in alcohol (1-50), is one of the best remedial agents for this affection.

The Diagnosis of Late Syphilides. ✓

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The methods, pursued at the postgraduate schools of medicine in New York and Philadelphia in diagnosing the various localized lesions of the skin, have suggested to me the impressive fact, namely, that the diagnosis must be made principally upon the general characteristics of the disease itself, and secondarily upon the constitutional and subjective symptoms. These latter should always be carefully inquired into, however, especially when there is the least doubt in the mind of the diagnostician.

This objective method is particularly applicable to the diagnosis of late syphilitic eruptions, where either the ignorance or duplicity of the patients may make questioning of little avail.

The term *late syphilides* is here applied to those lesions of syphilis that appear either in the so-called "late secondary" or tertiary stages, that is, after the period of quiescence which follows the fever and general outbreaks of the disease. It is a relative term, but it may be safely said that the period which it embraces never begins earlier than six months after primary inoculation (usually later), and lasts for an indefinite time thereafter.

It is purposed to first review the general characteristics of the late eruptions of syphilis, and then consider them more in detail as fully as the limited space of this article will allow. It must be borne in mind that though the principal points of difference between lesions that resemble each other are clearly marked in the majority of instances, there are, at times, cases in which the differences are not perfectly distinct, and only a close observer can determine the true nature of the affection. A word about nomenclature. There are almost as many names for the different lesions as there are writers upon syphilis, and it is hoped that by reviewing the subject from a clinical standpoint, a part of the difficulty will be obviated, and, at the same

time, the syphilides considered here will be recognized by those who know them under different names.

The lesions of late syphilis, like the earlier forms, have all certain features in common, and usually present more than one variety at a time. The papular and squamous forms occur together as a rule, and the ulcerative may be considered as a later stage of several other varieties.

They are usually grouped lesions, or better still, have a *tendency* to arrange themselves in circles, for they are most frequently seen as crescents, segments of circles, broken rings, or kidney-shaped patches.

They always present a circumscribed border, and tend to heal on one side while they spread at the other. Unlike the earlier forms, they are asymmetrical, being almost invariably localized to one part of the body, especially an extremity.

The following seems to be the most natural division of the lesions to be considered; and though two or more of them may occur together on the same subject, they frequently are seen alone, when the necessity for an intelligent recognition is most manifest:

Squamous,
Tubercular,
Pustular,
Gummatous,
Ulcerative.

The SQUAMOUS SYPHILIDE is usually associated with papules (papulo-squamous), except when seated upon the palms and soles, though even in these regions papules are occasionally found.

It is to be diagnosed from *psoriasis*, *chronic squamous eczema* and *lupus erythematosus*; but is most frequently confounded with *psoriasis*, which it sometimes greatly resembles, especially when a number of papules have united and become covered with shining scales. But *psoriasis*, when it is grouped, does not have the crescentic shape of the squamous syphilide, and does not run a serpiginous course. The scales of syphilis are small, scanty, and

closely adherent to the underlying papule or tubercle, while those of psoriasis are large, imbricated, and glistening and form more rapidly. But the scales of the squamous syphilide may, when mixed with the crust covering the infiltration, closely resemble the large scales of psoriasis. This was well marked in a case observed by me in the service of Dr. Bronson at Charity Hospital, B. I.

The circular plaques were not very deeply infiltrated, and in color closely resembled psoriasis; but on separating the scales, they came off as almost solid crusts, leaving dark, red papules, and not bright, bleeding surfaces. On closely examining the scaly crusts a number of small projections were observed, resembling the condition commonly seen in lupus erythematosus.

In simple psoriasis the extensor surfaces of the extremities are almost always attacked, while the face and the flexor surfaces are generally spared. Syphilis invades the flexor surfaces quite as often as the extensor, and its favorite seat is the face. The plaques of psoriasis are usually of a brighter color than those of syphilis, and on removing the scales with the finger-nail a small, punctate hemorrhage occurs from the denuded papillæ of the corium. No hemorrhage occurs from the dark infiltration under the syphilitic scales.

Balmanno Squire says that "a narrow, dingy-white circle commonly surrounds the areola bordering the syphilitic scaly patch," which is composed of altered and partially detached epidermis. The squamous syphilide is *occasionally* slightly itchy; psoriasis is *usually* very much so.

When syphilis attacks the palms and soles it is sometimes simply squamous, but frequently more or less infiltration may be noticed on the edges of the eruption, and papules or tubercles forming broken circles upon the edges of the palm, extend around the thumb on to the back of the hand. The squamous syphilide of the palms and soles bears such close resemblance to another disease, which is sometimes located there, that it is frequently denominated *palmar psoriasis*. But psoriasis of these parts, besides being asso-

ciated with other lesions of the same disease located elsewhere on the body, notably the elbows and knees, has certain characteristics of its own. The numerous scales are easily removed, leaving a bright red, uninfiltrated rete beneath; while the plaques of syphilis are composed of fine scales closely adherent to an infiltrated base. Psoriasis, however, is seldom seen upon the palms and soles, even when extensive upon other parts of the body; and as there are many authorities who do not believe that it occurs in these locations alone without appearing elsewhere,* it may be pretty safely said that a squamous eruption localized upon the palms and soles is not psoriasis.

Tilbury Fox declares that syphilis of the palm of the hand and sole of the foot may be distinguished from other diseases, by a "reddened, thickened, scaly appearance" developing primarily in the centre and spreading out by centrifugal growth, whereas non-syphilitic disease *spreads* to the palm and sole from other parts.

Chronic squamous eczema, when located upon the palm of the hand, may resemble syphilis, but it is recognized by its tendency to involve the back of the hand as well, to itch, and to form weeping fissures. Eczema is diffused and scaly throughout, producing considerable general thickening, while the squamous syphilide is well defined in outline, has a slightly raised scaly border, surrounding a smooth flat centre. Sturgis's rule will be useful in this connection, that "squamous affections of the palms of the hands and of the soles of the feet are nearly always syphilitic, and require anti-syphilitic treatment."

The papulo-squamous syphilide when seated upon the face may clearly resemble *lupus erythematosus*, but the indurated edges of the syphilide, and the absence of the sebaceous plugs under the scales when detached, will clear up the doubt. Besides, the course of *lupus erythematosus* is very slow, while that of syphilis is rapid.

THE TUBERCULAR SYPHILIDE occurs among the manifes-

* Sherwell (Am. Derm. Assn., Aug. 30, 1883,) holds that whenever psoriasis spreads to the palms or soles, it "always has a syphilitic diathesis for its base."

tations of secondary syphilis as a general eruption, but we have to deal here only with that variety, which is localized to some particular part, and where the lesions tend to group themselves. Their favorite seat is the face, usually upon the forehead or chin, but they are frequently seen upon the shoulders, buttocks and around the joints. The lesions vary in size from a coffee bean to a hazel-nut, and are firm, dense, glistening bodies of a dull red hue, being darker than the papular variety. Their attachment is deep in the skin, but they may be raised prominently above it, and their round or flattened surfaces are occasionally covered with a fine scale. The tubercular syphilide may occur singly or in groups. When grouped it presents either a number of large tubercles surrounded by smaller ones, all arranged in a more or less circular manner. These tubercles sometimes coalesce forming red, shining patches for which other diseases may be mistaken. Again, they may arrange themselves in rings or segments of circles, always illustrating the tendency to group. The tubercular syphilide may be mistaken for lupus vulgaris, lepra, epithelioma, tuberculosis cutis, and acne rosacea.

Lupus vulgaris almost invariably occurs in young persons, runs a slow course, and has soft yellowish brown tubercles upon its borders.

When ulcerated it presents a very superficial ulcer of limited extent, and a border which is not particularly well defined. The tubercular syphilide, on the other hand, occurs in adults, runs a more rapid course, and consists of numerous deeply colored nodules which usually break down and leave circular ulcers with sharply-cut edges. These "punched-out" ulcers frequently unite, on spreading, and form a large sloughing surface with scalloped borders, raised and indurated. The smooth circular cicatrices of syphilis differ greatly from the puckered, linear appearance of lupus vulgaris.

In *lepra* the glazed surface and slow growth of the tubercles, together with the anæsthesia and absence of the raw-ham color, serve to conclusively point to but one disease.

Epithelioma at times resembles the tubercular syphilide. But the age of the patient, who is usually past middle life, the slowness of the growth, and the absence of the crescentic grouping of the tubercles, will make the distinction. Epithelioma is single; syphilitic lesions are usually multiple. Epithelioma has a pale, waxy border with dilated blood vessels running into it; syphilis has a dense infiltrated border with healthy skin beyond.

Tuberculosis cutis, one of the so-called *scrofulides*, generally appears as a single lesion, and runs a serpiginous course resembling dermato-syphilis. It usually simulates the tubercular syphilide in color and location; but it is a rarer disease, and those that I have observed presented several distinguishing characteristics. Tuberculosis cutis is slow of development and is surrounded by a purplish, un-infiltrated areola from which the color can be pressed; syphilis is more rapid in its changes, and the color cannot be removed on pressure upon its indurated borders. The lesion of tuberculosis cutis is softer and more friable than that of syphilis, and is covered with a flat crust which discloses, when removed, a papillary enlargement distinct and characteristic.

In pursuing its serpiginous course the syphilide leaves a depressed scar; tuberculosis, a flat or elevated cicatrix.

An advanced condition of *acne rosacea*—the hypertrophic stage—is closely simulated by a tubercular syphilide of the nose. In *acne rosacea* the nose becomes reddened and symmetrically enlarged with dilated blood-vessels supplying the inflamed mass. In syphilis the nose is of a dull red rather than a livid color, and there is no telangiectasis.

The tubercles of syphilis are usually located in greater number upon one side of the nose than upon the other, and often seen upon one side alone. Syphilis of the nose usually produces some ulceration and crusting, and does not involve the sebaceous glands; *acne rosacea* never ulcerates, and the sebaceous glands are usually implicated. Syphilis attacks the mucous membrane and cartilage of the nose; *acne rosacea* never does. Finally, syphilis is of short duration,

and though it *may* last for months, *acne rosacea* will last for years.

THE PUSTULAR SYPHILIDE may be simply an advanced form of the papular and tubercular lesions, or it may appear primarily as a rapidly developing pustule. The former will be recognized by the lesions which accompany it and point to its true nature and origin, but the latter must be differentiated from *ecthyma* and *pemphigus*.

The pustular syphilide, sometimes called "syphilitic *ecthyma*," appears late in the course of the disease and is usually of the "deep" variety. At first glance it looks like simple *ecthyma*, but the characters of *dermato-syphilis* are well enough marked to make the diagnosis clear.

Ecthyma develops and runs its course altogether more rapidly than the pustular eruption of syphilis, and is more inflammatory and painful. In *ecthyma* the ulceration is superficial and the crusts are yellowish-brown; in syphilis the erosion extends more deeply, the edges are abrupt, and the thick crusts are greenish in color.

The tendency of the syphilitic pustule to form crust under crust as it spreads peripherally is well illustrated in *rupia*, in which the conical crusts and oyster-shell appearance are pathognomonic of syphilis. *Pemphigus* is distinguished from the pustular syphilide without great difficulty, for the bullæ of *pemphigus* do not become as rapidly pustular as do those of syphilis, and they produce a much more superficial ulceration of the skin.

Bullæ, often containing a serous fluid, are not very infrequently seen in persons with a marked syphilitic cachexia. These bullæ either break and discharge their contents, leaving raw, eroded surfaces, which are slow in healing, or dry and form *rupia*-crusts.

There is a form of bullous syphilis, the so-called syphilitic *pemphigus* seen in infants, but with which we do not have to deal. Neumann states that he has seen one case in the adult.

THE GUMMATOUS SYPHILIDE, OR SYPHILOMA, is an ill-defined, doughy mass, which grows slowly under the skin,

appearing at first as a slight elevation, which becomes later an oval or rounded tumor, varying in size from a hazel-nut to a pigeon's egg, or even larger. It is pale at first, but the red color increases and deepens as it grows. It may be single or multiple. Its favorite situations are the forehead, scalp and shoulder, and on the lower extremities, over the the tibiæ. It is to be differentiated from an enlarged lymphatic gland, from furuncle, and from erythema nodosum.

An enlarged *lymphatic gland*, when the skin above it becomes red, may be mistaken for a gummatous tumor; but is to be recognized by its location, shape and mobility. The syphiloma is usually firmly attached to the underlying tissues.

The rapid course of *furuncle*, the more diffused inflammation and excessive tenderness, together with the fact that it tends to "point," will differentiate this affection from the syphilitic tumor.

Erythema nodosum sometimes closely resembles the gummatous tumor. But it is a disease of a few days' duration and forms rapidly, being frequently associated with fever. The tumors of erythema are very painful and tender, and usually occur on both legs at once, being located over or near the tibiæ. The gumma is of slower growth, associated with no marked constitutional symptoms, and is never painful except when involving a nerve trunk. It may occur in a variety of places, and is usually limited to one extremity.

THE ULCERATIVE SYPHILIDE is always secondary to either a pustular, a tubercular or a gummatous lesion of the skin.

The most superficial is that which follows the pustular eruption, and the deepest is that which originates in a dis-integrated gummy tumor. Some of the peculiarities of this form, or rather stage, of syphilis, have already been given in describing the eruptions from which it arises. The syphilitic ulcer, better perhaps than any of the other lesions, displays the peculiar characteristics of the syphilides; the tendency to heal in the center and at one side, while the

infiltrated skin breaks down at the other; the indurated, scalloped border, and the deep, sloughing base. Unlike the other forms, the ulcerative syphilide is sometimes quite painful. Location is of great assistance towards a diagnosis of the syphilitic ulcer, for upon the arm, for instance, a non-inflammatory ulceration would immediately suggest syphilis, as other ulcerations are seldom seen in this place.

When seated upon the leg the syphilitic ulcer is more apt to be found upon the upper than the lower third. This fact is useful in differentiating it from the *simple inflammatory ulcers* which are so common in this region, and seldom occur elsewhere unless of traumatic origin. These latter, like the ulcers of syphilis, may be shallow or deep, and are recognized by their reddened borders which gradually fade into healthy skin, unless accompanied by an eczema or interstitial dermatitis, which will serve to point to some such local cause as varicose veins or irritation from a boot. Frequently the inflammatory ulcer is surrounded by a large amount of diffused pigmentation the result of former chronic inflammations; it presents nothing characteristic as to shape or course.

The shallow and deep syphilitic ulcers differ somewhat from each other, though they are both circumscribed, run a serpiginous course, and have non-inflammatory borders.

But the superficial ulcer has little induration about its periphery, and instead, especially in very cachectic patients, has a flat ring of indolent granulations extending around a central crust. This ring seems to be due rather to a uniform extension of the ulceration than to any contraction of the crust.

When the ulcerative syphilide attacks the nose it is to be differentiated from (1) lupus vulgaris, (2) epithelioma, and (3) tuberculosis cutis.

1. *Lupus* is recognized by its yellowish-brown tubercles, and begins almost invariably *in the skin*. It is a very chronic affection, and dates back to childhood. Syphilis has circumscribed, indurated, and rugged scalloped bor-

ders, no brown tubercles, and usually begins at this situation in the mucous membrane.

When the destruction involves the deep tissues of the nose it is sometimes called lupus exedens, when it should be understood that lupus vulgaris alone is meant, for the older writers frequently used this name as descriptive rather of a condition than a special disease.

2. *Epithelioma* has an almost translucent, waxy border supplied by many dilated blood-vessels; syphilis has an opaque, dense border, and enlarged blood-vessels are few or altogether absent. Epithelioma runs a more chronic course than syphilis, and like lupus vulgaris, begins upon the skin rather than the mucous membrane.

3. *Tuberculosis cutis* is to be distinguished by its soft, friable surface, which is more or less papillated by its chronic course and early reception. It has some of the characters of lupus vulgaris, but its color is deeper, and it lacks the yellowish brown tubercles of this disease.

The scrofuloderma ulcerosum, now considered a form of tuberculosis of the skin, is to be distinguished by the following characters:

The ulcer is painless and flabby (a broken-down abscess) and has thin and soft, undermined edges. When due to an inflamed lymphatic gland location will be of service, and the gland in a sloughing condition, may be seen at the base of the ulcer, in other cases the base is covered with little shining, granulation-like bodies.

These characteristics are entirely different from those of syphilis.

Before concluding, a word or two about syphilitic cicatrices would seem to be in order, for they are often seen side by side with the eruptions we have discussed, and are sometimes valuable aids to a proper diagnosis. Scars from other causes usually appear puckered, contracted, and sometimes raised; those of syphilis are smooth and always depressed, for it is one of the diseases producing loss of tissue. Frequently little white bands of cicatricial tissue cross one another, leaving dark round

spots in their interstices about the size of a pin-head. The typical scar of syphilis has an increase of pigment at the periphery, and a diminution of pigment at its centre, making a marked contrast between a dark dirty border, and a pale central spot.



Method of Managing Typhoid Fever.

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It is not our purpose to enter into any refinements regarding the nature, causes, or pathology of Typhoid Fever, —our object being simply to describe the expedients used to secure what we consider to be a very low mortality rate in the management of this disease. Only the cases treated in private practice during the past few years will be considered, and the method briefly indicated, which has proved sufficiently satisfactory to warrant us in continuing to employ it, until such time as we shall be able to engraft new methods or new agents—if any shall be shown to be more efficient.

None of the many hundreds of cases derived from the several hospitals, civil or military, over which we have had control for many years, will be included; because we consider it difficult to draw accurate conclusions from this class: on account of the disturbing elements which affect them — the late periods at which many are admitted — the occasional want of regularity in the nursing and attendance — which are likely to modify the results unfavorably.

We may also touch briefly upon an important subject, namely some of the fallacies connected with the calculation of percentages, and the erroneous conclusions derived therefrom — which are to the detriment of true progress in the art of medicine. And now you will permit us to express much diffidence in bringing this hacknied theme before

your readers. How shall we invest it with sufficient interest, or make it useful or attractive? Some very exacting engagements, which could not be set aside, have claimed our attention and prevented the collection of material which might have been more worthy of consideration.

However, there are for us *nulla vestigia retrorsum*, and being convinced that if in the treatment of 30 cases of typhoid fever in succession—none having been selected and none excluded—we can report all recovered save three—(with some after reprisals to be made regarding these,)—the plan of treatment seems to be highly satisfactory, and this will furnish a basis for our remarks. Besides: The general principles of treatment applied in this disease, have been found, with a very few modifications, applicable to other classes of fevers in which we have successfully used them in numerous instances;—so that their utility is thereby *greatly* extended.

It may be objected that a fraction over 9 per cent., in so limited a number, is by no means unexampled in the practice of others. Admitting this to be true, we hold: that when we consider the unforeseen accidents that are always likely to accompany cases of typhoid fever, careless or imperfect nursing and attendance, the very late stages at which some of them are seen, the dangerous intercurrent complications that often arise, the previous ill health, or want of constitutional stamina, in certain of the subjects attacked,—that these considerations should, in our opinion, make us *satisfied* with adhering to any plan of management which secures a mortality of less than 10 per cent.; and that every one should be content to allow this to remain as the recognized standard of success.

“Dead men,” it is said, “tell no tales,”—but this is not strictly correct, for they give forth most decided post-mortem utterances, which are often appealed to; and it is incumbent upon *us* to see that they speak the *truth*, and in no wise injure the living by their funest revelations. We trust, therefore, that you, and others, will explain and modify your own death rates, not timidly, and with hesita-

tion, but as a matter of justice and equity to yourselves—whenever it can be done consistently with scientific truth.

The method adopted by us is told in a few words. If it has the air of too great simplicity, and the separate elements have at various times been used by others, we have the satisfaction to know that it shares the former peculiarity, if no other, with that of the second Jenner—whose treatment of typhoid fever is marked by this quality in its severest type.

At this point we desire to make a remark which may provoke discussion: It is the expression of our belief that all fevers are ushered in by costiveness—the bowels being inactive and torpid: because the secretions of the glandular apparatus of the intestinal canal are arrested by high temperatures; or, at any rate, by that complex, much discussed and almost inexplicable condition known as *fever*.

Anxiety, fear and the depressing emotions stimulate powerfully the intestines and the renal organs. But these are not in sufficiently active operation at the beginning of attacks of typhoid fever to cause diarrhœa; whilst, on the contrary, these emotions arrest instantly the secretions of the salivary glands;—upon which is founded the East Indian method of detecting the thief, because the rice placed upon his tongue remains unmoistened: or the Latin Poet (and the poets, Virgil, Shakspeare, Horace—indicate by their writings that they were very subtle pathologists), his account of the terror inspired in the breast of the Trojan leader when upon his visit to the infernal regions, and ushered into the presence of the ‘sheeted dead’ “his tongue clave to the roof of his mouth”—“*vox hæsit faucibus.*” The poet, with fine pathological insight, tells us that his mouth and tongue were *dry*!

Doubtless, as is the case with others under like circumstances (though *his* position may be regarded as somewhat unique)—the soldier in his first battle, or any one exposed to great peril—the other physiological effects of fear were not wanting. But the bard,—to whom Dante (*Inferno*,

Canto IV.), ascribes unbounded culture and knowledge,

“O tu, che onori ogni scienza ed arte.”

—with true æsthetic taste, refrains from farther particulars regarding the condition of his hero.

It may be that in the disease under consideration — albeit the emotions cited above are not sufficiently active at the initial stages, to excite the intestinal glands, — some cases of highly nervous or sensitive organization may begin with diarrhœa, — as some authors affirm. Such, however, is so far never our experience in any cases of fever whatever be its character. There is always an *arrest* of glandular and intestinal action shown by costiveness, and a mild laxative (a mercurial being preferable), may be, and generally is advisable at the beginning of the attacks of typhoid fever, — just as it is beneficial at the inceptive stages of 9-10ths of all other fevers.

Whether or not we use opening remedies then ; after this period, three things are admitted absolutely to require attention. Of these, two are recognized by every one to be essential :

1st. The keeping up the nutrition of the patient by suitable food,—the necessity for which increases as time advances, and the vital powers and nutritive functions become enfeebled.

2d. Support by stimulants—which are more especially required when from impairment of the blood and degeneration, fatty or otherwise, of the muscular tissue, the innervation of the brain and heart becomes imperfect ; then alcoholic stimulants are needed to give temporary support, sustain the powers of life, and thus enable the enfeebled subject to tide over the danger, and survive the perils which lie within him. It is he only who, thus supplied, is assisted to cast out his disease, and very slowly, it may be, regain life and strength.

The two indications just cited are mentioned simply because they are important elements in our own line of treatment ; and all are agreed that their judicious use is essential to preserve life and reduce the mortality.

The third dominant fact generally admitted to comprise an important morbid condition, is high temperature : which leads to combustion, retrograde tissue metamorphosis, with its wide spread and deep seated attendant evils, namely : impairment of functions, deterioration of the blood and the muscular and other tissues, with loss of innervation, and its paralyzing effects upon the glandular secretions, the brain, intellect, etc.

How do we propose to meet and subdue this third element of danger which, if unrestrained, reaches the height designated as hyperpyrexia?—and which is destructive precisely in proportion to its intensity and duration.

Russell, in his war correspondence, describing a charge of the Cuirassiers of the Guard of France, says, in his usual style of tranquil energy, “Their squadron leaders rode straight to death!” As directly, and not less inexorably, do continued high temperatures in typhoid fever lead to the same fatal end :—to albuminuria, delirium, coma and death. So, whatever a few observers may have asserted regarding the innocuousness of this “fever heat,” we disagree wholly, and declare our firm belief that it is essential that we make incessant efforts to keep it down.

As in yellow fever, the high temperature of the first ten hours added to an insidious quality peculiar to this hæmagastric pestilence, leads to black vomit ; but if restrained in time,—and this can be done in all fair cases, as we know after extensive opportunities for observation, there can be no liquifying of the blood, and its subsequent ejection after it has been acted upon by the acid juices of the stomach—and the patient must recover ; so in typhoid fever the danger is the same, though less imminent, on account of the intrinsic difference in the pathology and normal duration of the two diseases ; just as in intermittent and remittent fevers there is less danger than in continued ;—not only because of the frequent pauses in the pyrexia, but on account of the fact that in continued fevers there is always, as we believe, another element of danger, namely gastro intestinal or other irritation—which indeed constitutes the essence of all fevers which are “continued.”

How shall we restrain this fatal pyrexia always within the safety limits, namely below 102° or 104° ? Our method—which secures against a mortality of more than 9 per cent. and a fraction—is as follows:

Two agencies are employed: One external—the other internal, and both equally essential.

Applications of iced cold water to the head, hands and arms.

These applications are of the first necessity, and are repeated whenever the temperature rises, day or night, if hundreds are needed. They are troublesome, we admit, and to be efficient must be done rigorously and systematically after the following method, when they become an extremely powerful agency for good.

If you exclaim that cold has been applied in medicine from the earliest periods—(though Playfair asserts that no one in Europe took a bath for 500 years,)—or at any rate since Curry wrote his Book,—we reply: that though cold water *be* the most valuable therapeutic agent in nature, yet the success of any remedy greatly depends upon the manner in which it is administered.

1st. A soft towel folded is soaked in a basin of iced water, then wrung out and applied over the forehead and temples.

2d. The palm of one hand and the arm are “sponged” off with another towel which has been dipped in the cold water, and wrung out.

3d. The towel which has been left upon the head is turned, and reapplied, so as to have the cold surface next to the skin.

4th. The other hand and arm are treated as was the first.

This process, strictly followed, is continued for 15, 20 or 30 minutes, or until such time as the surfaces to which they have been applied have become thoroughly cooled and blanched, when it may be discontinued—to be renewed whenever there is a rise in the surface heat. Sometimes, if it does not cause fatigue, both hands and arms, if hot

and dry, are allowed to remain submersed, or to be bathed directly in the cold water.

We have for many years practised and urged upon others this method of applying cold water in every variety of fevers accompanied by high temperatures. It has much to recommend it: It is easily used and not easily abused; is within the reach of means of every one, excites no opposition on the part of patients or their friends, and is most efficient in restraining fever heat within safe limits. Those who have never employed iced water assiduously in this way would be greatly impressed by its effects. We have found it to reduce temperatures of 107° and 108° in several cases of malarial fevers brought from the Ashley river and the Phosphate grounds and treated in the city hospital. Dr. P. G. DeSaussure, one of the house physicians, was present when all these cases recovered. We use it as an auxiliary in the reduction of temperature in all fevers,—including yellow, malarial, gastric-remittent and scarlet fever.

The proofs of its efficacy are contained in special publications upon the subject; and notably articles on “yellow fever,” *Charleston Medical Journal and Review*—first and second series; “President’s Address,” *Trans. South Carolina Medical Association*, 1871; “on Gastric Remittent Fever as a Distinct Disease,” *American Journal of the Medical Sciences*, Nov., 1880, etc.

Larrabée ice coil, or Riegel’s ice-bags, may, of course, prove equally if not more efficient. If others can provide Kibbé cot, or follow the recent teachings of Prof. T. G. Thomas—they will have additional authority; for now our distinguished friend has become a very enthusiastic believer in the merits of cold water—even in Gynæcology, and Sir Spencer Wells had preceded him in this matter;—he would even abandon the practice of his profession if forbidden by law to resort to cold water.

Or if they, or others, can readily and repeatedly transfer their exhausted typhoid fever patients into full baths; or induce them to submit to the frequent wet pack—we have no

objection, as they must prove beneficial by abstracting caloric very powerfully; but practically such expedients can never become popular — being either too expensive, cumbrous, difficult to procure or to apply — or worse than all, they run counter to popular prejudices.

We should not omit to remark that the method of employing cold herein recommended, may be associated to great advantage with “sponging” the body and lower extremities, whenever they are hot and dry, with vinegar, or alcohol, and water—as hot as they can be borne.

The next most important auxiliary in the management of typhoid fever—and what we regard as truly essential in every other fever—is what may very properly be entitled a “fever mixture.” This is unirritating, safe and an admirable compound which admits of variation as regards its constituents, and the amounts required to suit varying conditions and cases. It is composed somewhat as follows :

Ry. Spiritus etheris nitrosi.....	℥ss.
Potassæ acetat.....	℥i-vel-jj.
Potassæ chlorat.....	℥j.
Liquor ammon. acetatis.....	℥j.
Tinct. aconiti.....	℥ss.
Tinct. opii. camph.....	℥ii-℥jjj.
Aquæ ad.....	℥iv.

M. Sig. Desertspoonful every two or three hours as long as there is fever.

Potassium bromide, or morphia, may be added if there is great restlessness or want of sleep. In an inflammatory fever like pneumonia the nitrate or bi-carbonate of potash may be substituted for the chlorate, because they are more powerfully catalytic; and the tincture of digitalis or veratrum viride may take the place of the tincture of aconite.

This is undoubtedly a most efficient prescription, and capable of general application to the reduction of all fevers. We have used it in hospital and private practice habitually for very many years; and cannot comprehend how any physician engaged in the daily practice of his profession can do without this, or an analogous formula. Given to

children with fever, and accompanied by cold applications to the head and hands, and hot mustard foot baths, it *prevents* the delirium occurring so commonly at night, which is sometimes erroneously ascribed to inflammation of the brain; but which is solely owing to the temporary irritability caused by heated blood circulating through the brain at this sensitive and excitable period of life.

The truth is that a summary of the treatment of all the forms of fever,—with certain easily applied modifications to suit the varieties—can be put in a *nut-shell*: An “alterative” laxative powder at the beginning; cold applications to the head and to the upper extremities; hot stimulating pediluvia; fever mixtures as an *internal* aid in reducing temperature; and quinine, or arsenic, if a malarial element exists.

This “alterative” laxative powder is applicable to almost every case where torpor, or constipation of the bowels exist, and opening medicines are required. By its use, you avoid all possibility of super-purgation—whether in children or adults; for the directions which accompany it, are: “That it be given in syrup, every 4 or 5 hours, till it acts;”—after which it will have accomplished all the purposes for which it had been given. The intelligent therapist, who examines the prescription carefully, will recognize in it a combination of the most commonly used and useful ingredients; and he will see why it is beneficial and of almost universal applicability for the purposes intended, namely: for the costiveness which we have stated characterizes the initial stages of nearly all fevers,—or wherever else this condition exists. It is prepared as follows:

R \bar{y} . Magnes. calc.....gr. xv.
 Rhei. pulv.....gr. ii to jjj.
 Ipecac pulv.....gr. $\frac{1}{4}$.
 Hydrarg. chl. mit.....gr. $\frac{1}{4}$ to j.
 Sup. carb. sodæ.....gr. iv.

The rhubarb and calomel to be increased as desired.

Sig. One to be taken every 4 or 5 hours until they act.

A remarkable paper has been published in the *British Practitioner* by Dr. Leighton Kestiven, of Queensland, in which he reports rather marvelous results, namely: Two hundred and twenty-four cases of typhoid fever treated with only four deaths! The formula used by him, as educed from his article, though he does not present it verbatim as such, is as follows:

R. Oil of eucalyptus.....3v.

Arom. spirits of ammonia.....

Spirits of chloroform.....

Glycerineaa ʒii.

Sig. A teaspoonful every four hours in a wineglass of water.

He also associates cold applications with the above.

We adopted his formula in the last four cases given alternately with the fever mixture. None of these had a longer duration than twenty-five, and two of them were free from fever in fifteen days.

We have also given in nearly every instance, quinine (two grains three times a day), because of its tonic and antiseptic qualities. The quinine was generally associated, after the first week, with aromatic sulphuric, or nitro-hydrochloric acid, in ten drop doses, on account of the special adaptability of acids in this disease after it has made some progress. A general principle underlies this, for we think it may be regarded almost in the light of an axiom that alkalies suit early, acids later periods of diseases.

We have never approved of the use, nor seen the necessity for the 30 grain antipyretic doses of quinine—though such have been frequently ordered by the house physicians in our hospital cases.

As far as our reading extends, authorities generally have laid singularly little stress upon a most important indication for the treatment of the stage of the disease characterized by dry tongue and sordes, with low and muttering delirium;—which very few of our cases reached and which we, of course, ascribe to the preventive influence of the treatment used.

Alcohol is no new remedy in the later stages of typhoid fever; but we declare that the positive indication in these conditions is for the *very free use* of stimulants, together, with the application of revulsives—(emplastrum cantharidis) to the back of the neck, where cerebral complications, delirium, etc., are marked. We affirm that almost unrestricted discretionary powers may be left with attendants and nurses to continue stimulants *as long as the tongue is dry*;—because this depends upon the same depressed condition of the nervous and ganglionic centres which control the secretions of the oral and gastro-intestinal surfaces by which glandular action is diminished or arrested, and stimulants are absolutely essential:—just as, at this stage, they strengthen and slow the weak, excited, and rapid pulse resulting from the general degeneration and impairment of the integrity of the muscular, nervous and circulatory systems—including the blood.

A certain amount of irregular treatment intended to meet the usual complications — what may be called skirmishing — has to be done in a disease like this. We will therefore briefly include under this head some remedial agents employed by us most satisfactorily in certain contingencies which arise during the course of this disease:

The oil of turpentine for example is employed by all physicians for the tympanites which occurs during the progress of certain cases; but we should be careful never to forget or ignore this remedy, because it is applicable to *four* separate morbid conditions which often accompany this disease during its later periods, namely.

1st. Tympanitic distension, just mentioned, resulting from perverted conditions of the mucous and secretory surfaces of the intestinal track, which this remedy relieves — given internally or applied externally.

2nd. It is a general as well as a special stimulant, and therefore applicable at this stage of general depression.

3d. Being possessed of astringent or styptic properties, with opium, it prevents or arrests hæmorrhages from the intestines, kidneys or bladder.

4th. Combined in the form of a mucilage with the carbonates and chlorides of ammonia, it is one of the best remedies for the irritation, or inflammation of the bronchial tubes in cases where these organs are affected.

To relieve the severe broncho-pneumonia occurring at later stages of the disease accompanied by thick sputa, sibilant râles, etc., the following was found to act admirably:

Ry. Vini. ipecac.....	3j.
Ammonii carbonat.....	3jj.
Ammonii chlorid.....	3jjj.
Syrup simplicis.....	3j.
Aquæ ad.....	3vi.

M. Sig. Desertspspoonful every two hours in a wine glass of water. With this, added to the use of an oil silk jacket, the temperature which had reached 104° fell to 99° in three days. The temperature fell to normal precisely on the 42d day.

We have found cotton batting applied over the entire surface of the chest, this covered with an oil silk jacket to be most efficient additional means in the broncho-pneumonia of typhoid fever. Their use and value were learned from the clinical lectures of Prof. Chandler Gilman, at the College of Physicians and Surgeons of New York. in 1847. He recommended the oil silk jacket principally in the pneumonias of children.

For the albuminuria which occasionally occurs, we have found two grains each of gallic acid and quinia, given three times a day the best remedy. For nausea and vomiting, drop doses of the wine of ipecac, frequently repeated—not omitting the crushed ice which every one resorts to,—and the following, prove very efficient.

Ry. Acidi carbol.....	gtt. i.
Glycerinæ.....	3i.
Tinct. opi. camph.....	gtt. v.
Ess. menthæ pip.....	gtt. v.
Chloroform. purif.....	gtt. v.

Given in muc. acaciæ q. s. at one dose and repeated.

We ascertained that carbolic acid, gtt. ii, and the tincture of iodine, gtt. v, in syrup, invariably reduced the temperature in less than an hour; but did not shorten the duration of the disease.

Colden's Liquid Beef Tonic was ordered with excellent effect as a stimulating and nourishing tonic, with nutritive enemata of peptonized beef; to which if diarrhœa co-existed, tincture of opium could be added. During convalescence, we employed also the infusion of German chamomile (*matricaria*) and Huxam's tincture of cinchona.

In conclusion: We would not cover our own deficiencies by excuses, nor palliate them by special pleading; yet how often are unsifted statistics thrown into our faces, and we are asked to abandon a plan of treatment, whatever may be its real merits, because mere figures have declared against it. We are reminded of the "unreal mockery" and the "horrible shadows"—which existed only in the fancy crazed brain of MacBeth—and which vanish before the light of reason, or the examinations of science.

We venture to predict that the time will come when the record of a death occurring in his practice will not always be charged against the physician as a unit in the calculation of results; but will take its place only after the closest scrutiny, as one of the factors—with its true value assigned—in making up the final equation.

With regard to our therapeutical responsibility for the fatal cases: If any could be shown to be beyond the reach of art, it would be absurd and foolish in a philosopher or a logician to allow such to vitiate his statistics—from whence he honestly hoped to derive instruction. Besides: If we can reduce the mortality to 2 or 3 per cent.—and we believe that our mortality was virtually not so high, the success of our method is established upon a much more solid basis.

Did space permit, we are confident that by a very brief relation of one of the fatal cases your readers would, after a judicial examination, be convinced that such an one should not enter as a disturbing element in a close statis-

tical calculation without an equitable allowance being made for it; and they would be the first to "quote *Greek*," and to declare *iatrus iatai thanatos*—"The physician who heals is Death!"

Of another, we might justifiably have given the certificate, after the example of the celebrated Dr. Rush, in whose handwriting a label is said to be preserved at the Blockley Hospital attached to the records of a patient—cured of his dropsy, but perishing by an intercurrent malady—inscribed with these words: "Died, *cured*!"



Typhoid Fever.

By F. M. THORNHILL, M. D.

Editors N. O. Medical and Surgical Journal:

In as much as you solicit contributions from country physicians giving their experience with regard to the observation of diseases, I am induced to give you a brief review of my experience in the observation and treatment of typhoid fever. That disease appears to be largely on the increase, and is getting to be very common in countries where previously it has been almost unknown. Therefore it is becoming a subject of increasing interest and importance. I do not propose to enter into a discussion of the etiology or the causation of the disease, in so far as its specific or exact nature is concerned, nor as to the conditions and circumstances necessary for its production. As to what the exact nature of the poison is, awaits to be more definitely determined by future scientific research. The germ of typhoid fever is now, I believe, pretty generally referred to the realm of bacterial pathology. Different observers have, from time to time, described bacteria or micro-organisms that they claim to have discovered in the blood and dejections of typhoid fever patients, and to which they attribute the cause of the disease, among whom are Klebs, Klein, Eberth, and more recently Koch and

others. It is logically certain that the virus, whatever it may be, is capable, under certain circumstances, and after the lapse of a certain length of time after an entrance into the system, of reproducing itself to such an extent as to produce the disease in question. Exactly what those conditions are is not definitely known. It is generally admitted that the virus contains a contagium, and that the disease is communicable. Not in the way, however, that other diseases are, such as small-pox, scarlet fever, measles, etc.; that is to say, it is not known that the atmosphere becomes infected by the respirations and exhalations from the bodies of those suffering from the disease, or that it is communicated through that medium to other persons. It is thought that the most common medium of contagion is through the agency of drinking water and food containing the germ of the disease, by which means the poison gains an entrance into the system. The contagionists maintain that typhoid fever never occurs except through the means of contagion, and that it never originates spontaneously or *de novo*; which is a question that has elicited considerable discussion in the profession, and I believe that the preponderance of evidence, or rather of opinion, is in confirmation of that theory. The theory that the disease may and sometimes does originate *de novo* is gaining ground. My experience with the disease leads me to believe that it must frequently arise in that way. This view of the question was recently enunciated in a discussion upon the subject before some of the British medical societies. I have seen a good deal of typhoid fever within the last four years, and I am unable to account for its prevalence in this part of the country unless it be on the score of spontaneous production. The majority of the cases occurred in healthy country districts, in neighborhoods where the people do not live nearer than within half a mile or a mile of one another, and often further than that. The hygienic surroundings are as good as to be found in any country of the same topographical characters.

Arcadia and the surrounding country in which I practice

is situated just half way between the Ouachita and Red rivers, and several hundred feet above the level of the sea. It is what is known as an upland country, with the surface somewhat hilly and broken, interspersed here and there with small running streams, having little or no swamps. Well water is used altogether, and is of a superior quality, very clear, well tasted and apparently free from organic matter. I frequently see cases of typhoid fever springing up in the midst of these healthy rural neighborhoods where there has not been a case of the disease before in years, and in some instances there is no recollection of a case ever having occurred in the vicinity, and the patients, so far as can be ascertained, have never been brought in contact with any one suffering from the disease, or in any way exposed to it. So that the question naturally arises how was the disease contracted? To my mind there are but two possible ways of answering the question. The first is that the disease originates under certain circumstances and with certain conditions and surroundings, spontaneously. Just what these necessary conditions and environments are, I must confess that I do not know, nor do I know that I even have any intelligent idea with regard to them. The second possibility is that the germ is conveyed through some unknown agency from an incredible long distance, and after an unreasonable length of time after the poison has escaped from the body of a person suffering from typhoid fever. The latter proposition I think would be as unreasonable as it is untenable, if it were not for the fact that the germ of typhoid fever is said to be hardy and tenacious of life, and capable under favorable circumstances of retaining its vital activity for an indefinite length of time. The late Austin Flint says it is known to be capable of retaining its vital action for a period of two years. Within the last four years I have treated between forty and fifty cases of typhoid fever, the beginning of each individual outbreak of which I have been unable to trace to any contact or previous connection with the disease. Although the cases have occurred in clusters, so to speak, or within

circumscribed limits, and in the form of a local epidemic, often the first case in a family where there were others subject to it has been followed by several cases in the same household, which goes to show that after the disease once established, that those who are brought in contact with and exposed to the same influences, are liable to become infected. Sticklers, for the theory of contagion alone, will perhaps be disposed to say that some or all of my cases were not typhoid fever, in as much as they occurred without any previous connection with the disease, but that it was some other form of continued fever. To all such I would say that if it were not typhoid fever, that the natural history symptomatology and the clinical phenomena usually ascribed to a given disease, cannot be at all relied upon as a means of diagnosis. I, however, have never had the advantage of a post-mortem examination in any of my cases to verify or disprove my diagnosis. But in most all the cases the abdominal symptoms were well marked such as the characteristic gurgling sound in the iliac fossæ, produced on pressure, diarrhœa, tympanites, etc., and I have no doubt but that an autopsy would have revealed the characteristic anatomical lesions of Peyer patches and other intestinal glands. Besides, there were all the other symptoms, both objective and subjective, and all the other phenomena usually ascribed to the clinical history of typhoid fever, viz: headache during the first and second weeks of the disease, epistaxis, delirium, subsultus tendinum, rose-colored eruption, insomnia, intestinal hemorrhage, deafness, tinnitus aurium, etc., together with a slow and an insidious approach of the fever. As might be expected, all these symptoms were not present in each and every individual case. Headache during the first and second weeks of the fever was the most constant symptom; diarrhœa was the next most constant feature; the rose-colored eruption was as often absent as present; bronchitis was a frequent attendant and pneumonia and intestinal hemorrhage were only occasional accidents. The delirium, in some cases, was very active and violent. No well informed physician

will, I think, say that because all these symptoms were not present in every case, that the disease I had to deal with was not typhoid fever. The belief appears to obtain with a great many physicians that pure, unmixed typhoid fever is rather an uncommon disease in the South. Typho-malarial fever has gotten to be the great hobby-horse, and is therefore mounted and ridden unmercifully by nearly every one having a case of continued fever to treat. It seems to me that a great many understand it to be a specific and a separate and distinct type of fever, at least they speak and write about it in that light; whereas, Surgeon-General Woodward and others applied the term to a condition of disease in which they conceived the special poison of typhoid fever and malaria to be blended together in the same system in such a manner as to produce an irregular type of fever which has since come to be known by that name. It is a condition of things I am satisfied that is often more imaginary than real. Some physicians are very punctilious with regard to the symptoms of typhoid fever—if all the symptoms usually ascribed to that disease are not present in every case, and plainly and well marked at that—it is not typhoid fever; but they “whip the devil around the stump” and call it typho-malarial fever.

Recently Dr. Dewey, of Missouri, has spoken out in very bold terms against the frequent abuse of this term, and more nearly than any one else I have seen or heard enunciates my views with regard to it. He says that the condition of things known as typho-malarial fever never exist except in the “brains of fools.” I am not quite so pronounced in my objections to the term; but I think that like as charity is said to cover a multitude of sins, the term typho-malarial often hides an abundance of ignorance. After all that can be said in its favor it is unscientific and misleading, and I think should be expunged from our nomenclature. The forty or fifty cases I have observed during the last four years and upon which this article is based, I have regarded as typhoid fever, purely without in any way trying to implicate poor old malaria. The fever in these cases had a duration of from

twenty to sixty, and ninety days, and in two or three cases only did the fever stop under twenty-five days. The average duration was about thirty days. The most of my patients were in good health up to the time of taking the fever and there was no evidence in a single case that the disease was preceded or followed by any degree of malarial toxæmia. Some of them never had a chill or a fever of any kind in their lives before. So that malaria may be eliminated from the problem as a factor in the production of these cases. I think that some degree of chronic malarial poisoning is necessary to produce the type of fever known as typho-malarial. I do not deny that it is possible for the two poisons of typhoid and malarial fevers to occupy the same system at the same time, but I think the frequency of the occurrence is very largely overestimated. I think it is possible if at the time of the development of typhoid fever, the patients strength and vital powers should be broken down and depressed by malaria, for the disease to be caused to depart from a more perfect type and to assume an irregular and ataxic character. A great many cases of so called typho-malarial fever are neither preceded nor followed by any evidences of malarial poisoning. It is a well known fact that one attack of malaria in any of its forms, predisposes the person to frequent subsequent attacks, instead of the so called cases of typho-malarial fever being followed by frequent renewals of the attack there is a steady and permanent improvement in the health of the patients which goes to show that malaria had nothing to do with them. Watson taught that a person never had typhoid fever but once in a life time, and it is a well known fact that the disease is frequently followed by a marked improvement in the health, so that I am persuaded to believe that a large majority of the cases of so called typho-malarial fever are in point of fact pure unmixed typhoid fever. There is a neighborhood ten or twelve miles South of Arcadia, in which typhoid fever is epidemic, at this time, and the physicians from a neighboring town who have been called to treat some of the cases pronounce it typho-mal-

arial fever. I have treated six cases in the same neighborhood which I have had the hardihood to call pure typhoid fever, and I am satisfied that the other cases are of the same character.

There is no evidence to show that malaria plays any part in this epidemic. It commenced in January last, in the midst of winter, and has continued to the present time. You will see that this epidemic began at a season of the year when malarial fevers are not common. The cases were all preceded by the usual prodromata of typhoid fever, such as feeling of lassitude, languor, indifference, and a slow and gradual development of the fever. The patients being in perfect health up to the time of the beginning of these symptoms. The six cases treated in this epidemic makes a total of at least 50 cases of the same disease that I have treated within the last four years with the loss of but three cases, and it would be fair to state that two of these cases had been neglected for two weeks after taking fever before I saw them, and that a fatal termination was precipitated in one of them by the occurrence of a profuse intestinal hemorrhage, and the third fatal case occurred in the person of a young lady belonging to a family of a strumous diathesis and noted for their lack of vital stamina and ability to resist the force of disease, as the mother expressed it, "every time one of them got sick they died."

Among the number of cases I have treated, have been those of every degree of violence, from the mildest to the most severe. In some of the cases the diurnal exacerbations of fever reached 105° to $105\frac{1}{2}$ F. for two or three weeks, and in some cases delirium and diarrhœa were very active and violent symptoms, usually there was a difference of from one to three degrees in the morning and evening temperature. No one will, I think, because of this fact, say that it was not typhoid fever. The purest and best defined types of typhoid fever are characterized by these morning remissions, and evening exacerbations. I will forego any further detailed account of this disease as observed by myself, and proceed to give a brief outline of

the plan of treatment adopted. To lay before the profession my experience in the management of the disease is the main object for which this article is written. Not that I have added anything to any of the various methods of treatment that have from time to time been recommended by different authors, or that I have made any radical departure from the modes of treatment already known to the profession. With the vain hope of finding something that would cure the disease and curtail its duration, I have been ready to adopt any amendment suggested to the previously known methods of treatment. The oil of turpentine, as recommended by Prof. Geo. B. Wood, was at one time regarded by a large number of physicians as being of special benefit in the treatment of typhoid fever—so much so that it came to be a kind of routine practice with a great many practitioners. In my early experience I used it a good deal myself, but I was not many years in discovering that it was not possessed of any special virtues in the cure of the disease, and soon abandoned it. There are cases, however, where the tongue is very dry and fevered, accompanied with considerable tympanitic distention of the bowels, in which turpentine sometimes seems to do good by way of moistening the tongue and relieving the tympanites. But it can not in any way be relied upon as tending to cure or abridge the duration of the disease, and I now never employ it except for special reasons. I have employed the mineral acids in the treatment of typhoid fever from my earliest experience with it, with better success than with any other agents. I also, for awhile, gave up their use to try other remedies that have been recommended—prominently among which was Bartholow's formula of carbolic acid and iodine, which is employed and recommended by that author, because of its suspicious germicidal properties. It has been thought by some that this remedy was peculiarly destructive to the typhoid fever germ, and that its use tended to abridge and cure the disease. But I was unable to tell that the duration of the fever was curtailed any more by its use than by the remedies I

had previously employed, and besides I found that its protracted use often produced an eruption sometimes amounting to a profuse crop of sores and boils that rendered it objectionable. While the mortality attending the carbolic acid and iodine treatment was, perhaps, no greater than with other agents, I discontinued it on account of the objections just mentioned. I likewise have employed what is known as the German plan of treatment, by the use of large doses of calomel during the first and second weeks of the disease without obtaining the results they claim for it. It will be remembered that they claim the disease can be aborted with large doses of calomel in the early stage. Bismuth and creosote have been recommended by some, and I have used them in a few cases. After thus frequently changing my tactics I have returned to the use of the mineral acids as being the most reliable. Their beneficial effects so far as concerns a tendency to cure are better attested than any other remedy. Of these the dilute sulphuric acid is to be preferred and is the one I always employ, combined with equal parts of glycerine and water it makes a very pleasant dose and unites the properties of a tonic disinfectant and an antiseptic. It is also thought to exercise a direct influence over the morbid condition of the intestinal glands and in some degree to antagonize the effects of the poison. Of the so called antipyretics quinine is the most trustworthy and beneficial of them all. It is passing strange to me that the experience of physicians differ so materially in that respect. Some not only ignore its use altogether in typhoid fever, but claim that it is worthless and in some cases absolutely hurtful. Dr. Geo. M. Dewey, to whom reference has already been made in a paper read before the "Moberly District Medical Society," Missouri, says: "I know of no disease in which quinine can do so little good and as much harm as typhoid fever." He denominates quinine the therapeutic despot, and in his opposition to it he says the advocates of the free use of the drug find some indications for its employment on all occasions and in every condition of disease, that in high tem-

perature it will “pull down, and in low temperature push up.” In ridicule of it, Dr. Dewey grows eloquent and indulges in poetical effusions and says :

“No pulse so high, no pulse so low,
But down ones neck the stuff must go.”

While Dr. Dewey and myself agree as to the frequency of typho-malarial fever we are very far apart with regard to the use of quinine in the treatment of typhoid fever. Dr. Geo. F. Shrady, the able editor of the *Medical Record*, New York, in his editorial comments upon the subject, endorses Dr. Dewey's views of the matter. With the utmost respect for those gentlemen's learning and opinions, I must say that I cannot make my experience accord with their views, I have found that there is nothing that will so effectually control the temperature in typhoid fever as 20 or 30 grains of quinine administered during the morning remission, it will frequently prevent the evening temperature from getting so high by 2 or 3 degrees, and the patients will rest better and do better in every respect. So much better has been the condition of the patients on the days when I would give them quinine than when I would not, that I have had them when their minds were not too much clouded and depressed by the effects of the disease to notice the difference, to manifest an uneasiness about it and to tell me that the fever would be high on those days, and that they would have a restless and an uncomfortable time of it. While I do not claim that quinine will cure or shorten the duration of typhoid fever, I regard it as being worth more than any other antipyretic agent in the treatment of it. Anything that will prevent an excessively high temperature I consider a remedy potent for good. To say nothing of the increase in tissue consumption that a high temperature is said to produce, and which may be modified to some extent by the judicious use of quinine, the drug possesses the double virtue of being a nervous stimulant and tonic, and is thereby capable of maintaining and giving force to the nervous system in a more healthy performance of its functions, and to that extent will control delirium and nervous excitement. Having seen these good effects

from the use of quinine in typhoid fever in such a large number of cases, I am compelled to declare my firm convictions of the utility of the drug in the treatment of that disease. I do not contend that quinine will cure typhoid fever, or that the good results mentioned will be obtained in every case from its use. On the contrary, cases are occasionally met with in which the drug seems to exercise no influence over the fever. But these cases can not be told without first making the experiment, which can always be done with safety, as the stomach, owing to the obtunded condition of the nervous sensibilities is not disturbed by the quinine. In fairness to antipyrine and other more recent antipyretics, I would state that I have never used any of them, for the reason that a large number of my patients are so far removed from my office that it does not afford me an opportunity of observing the effects of the drug as carefully as I would like, but I intend making a trial of antipyrine in the first cases that come under my observation in the future, sufficiently near to me for me to watch the effects closely. Antipyrine, while it is antedated by kairine and thaline, is more firmly established in the favor of the profession than either of the latter agents. Physicians who have used antipyrine are not altogether fully agreed with regard to its utility. Some say that it is objectionable on account of its tendency to produce depression of the system, and in some cases to cause gastric irritation. The warmest advocates of the use of the drug do not claim that it will cure typhoid fever, or that it will even shorten its duration. Dr. J. A. Frankenberg, of New York, who has recently contributed an article to the *Medical Record* on antipyrine, regards it with more favor than any one I have seen or heard of, and he mentions among its physiological effects an eruption some times attending its administration which I think might militate against its use. In his concluding remarks he says: "It is our firm conviction that at the present day antipyrine in sufficiently large doses is the most powerful, the most certain, and the safest antifebrile drug that we have in our materia-medica." Another writer to the *London Lan-*

cet regards it as a very valuable adjunct to quinine in the treatment of the pernicious forms of malarial fevers, but admits that it will not cure them without the aid of the latter drug. The use of such so-called antipyritics in the treatment of typhoid fever as salicylic acid, aconite, veratrum veride, gelseminum, etc., is a worthless and often times an injurious incumbrance of the stomach and powers of endurance of the patient. Any amount of them that could be used with safety to the patient is not worth as much as a fever reducer as a pint of cold or tepid water judiciously applied. I am not so wedded to the plan of treating typhoid fever as outlined by myself, as not to be open to conviction in favor of any other method that will give better results. But I shall not hastily abandon a line of treatment that has resulted in the recovery of 95 per cent. of my patients until a more successful one has been fully established. To sum up, then, I would state that the drugs upon which I rely in the treatment of typhoid fever are the dilute sulphuric acid and quinine, assisted by such adjuvants as tepid or cold sponge baths when the fever is high and the skin dry and hot, and turpentine stupes to the bowels when indicated. The dietetic and hygienic management of the disease I consider of as much or more importance than drugs. I always, as soon as I ascertain that I have a case of typhoid fever to deal with, interdict the use of all solid or hard food in any shape or form whatever, and direct instead a liberal supply of pure sweet milk, essence of meat, milk punch, eggnog, etc. In conclusion, I would say that I am fully of the opinion that the successful treatment of typhoid fever depends largely upon the early as well as the continuous and judicious management. Neglect or mismanagement in the early stage of the disease may convert an otherwise mild case into a very severe one before it ends. The attitude of every physician having a case of typhod fever to treat should be one of constant and watchful expectancy to fortify the constitution of the patient against the inroads of the disease, and to anticipate the complications and accidents liable to arise during its course.

HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

AMPUTATION OF THE PENIS.

By DAVID JAMISON, M. D.

A. T., aged 36 years, a creole, was admitted into the Hotel Dieu, February 1, 1886. The glans-penis is swollen, ulcerated and covered with an ugly slough. He is a cooper by trade; does not drink and has never had any venereal disease. He is well nourished and suffers only occasional pains, which are lancinating in character. Urination is not interfered with. In the pursuit of his occupation of cooper, when lifting heavy barrels, they press against the penis, and to this cause he attributes his disease. He has never had intercourse with any woman except his wife. No indication of hereditary syphilis, scrofula, cancer or consumption. He had a long prepuce which has ulcerated away.

The glands in the groin are not enlarged. He begged that as much of the organ as possible be saved. A small piece of the ulcer was scraped off, and being under the microscope revealed the (so-called) characteristic structure of the epithelial cancer. He was brought under the influence of chloroform and the penis amputated at about the middle. The mucous membrane was stitched to the skin, and the wound dusted with iodoform. It healed with scarcely any suppuration. He left the Hotel Dieu on the tenth day, apparently well. Three months later he returned with the organ in worse condition than before. The growth is large and fungating, extending entirely to the root of the organ. The glands in both groins are enlarged and hard.

After administering chloroform and shaving the pubes, a catheter was passed into the bladder. The corpus spongiosum was divided three inches above the bulb, the

knife being passed between it and the corpora cavernosa. The urethra was dissected from the body of the penis as far back as possible. The body of the penis was now divided and the urethra left projecting from the wound. There was considerable hemorrhage, which, however, was soon controlled. The wound was closed with silk sutures, the urethra stitched to the sides of the wound and the whole dusted with iodoform. In two weeks he was discharged, the wound having healed completely. He suffers no pain and has complete control over his bladder.

One point of interest in this case is the effect produced on the patient's mind by the removal of his penis. After the second operation, when he found the organ was entirely gone, he became morose, melancholy, and lost his appetite. He sat in one position and took no interest in his surroundings. He was advised not to follow his old trade as he would run the risk of irritating the wound.

A CASE OF GANGRENOUS STOMATITIS (CANCER ORIS);
SUCCESSFULLY TREATED BY THE THERMO-CAUTERY. ✓

Charity Hospital; service of F. W. PARHAM, M. D.

Reported by WILL HARNAN, Resident Student.

John L., aged 14 years, born in Louisiana, was admitted into boys' ward, July 5, 1886. He had just come alone from Little River, La., where he had been living with his step-father. His father died in delirium tremens; the cause of mother's death not known. The boy stated that he had had chills and fever every summer for the past four years. He had been accustomed to work in the corn and cotton fields, and had evidently been badly cared for. He dates his present trouble back three weeks, when he first noticed pain and soreness in the lower lip. On the evening of admission he was very emaciated, sallow and quite debilitated, evidently by long continued ill health and insufficient and improper nourishment. Anæmia was marked; the temperature 101.8° F. in axilla; pulse, 138; there was great restlessness and he complained of severe pains in lower lip and mouth. Examination of the mouth showed

destruction of lower lip by gangrene. A dirty, foul-smelling slough extended from one corner of the mouth to the other, deepest in the centre, exposing the four incisor and two bicuspid teeth, which were covered with sordes.

(Subsequent examination revealed a very much enlarged and hard spleen, extending down below the umbilicus and to the median line.) He was the picture of depraved nutrition.

July 6, A. M. A large portion of the slough has come away, leaving an angry looking surface. P. M.—Suffers considerably of the lip; very restless; temperature 101.8° F.; pulse 138. Ordered ammon. carb. 3 grains every 3 hours as a stimulant, and quinia and Dover's powder for the restlessness and fever.

July 8, A. M. As the boy's condition continued to grow worse and the local trouble seemed to be extending, it was determined to make an attempt to stay its progress by thoroughly destroying the diseased tissue. Under anæsthesia (chloroform), the sloughing tissue was thoroughly scraped away with a curette, and the thermo-cautery iron, heated to redness, was applied to the whole raw surface, searing it well down to sound tissue; the four incisor teeth, being slightly loose, were drawn and the cautery-iron pressed down into their sockets. Finally, nitric acid was brushed over the whole surface, to insure the reaching of tissue that might not have been touched with the iron.

The wound was kept well smeared with vaseline for a few hours. Afterwards, cloths saturated in a 3 per cent. solution of carbolic acid were kept on the part and the mouth washed frequently with a 2 per cent. solution. The boy was put on iron and carbonate of ammonia, 5 grains 3 times a day.

The temperature fell, and after the first twenty-four hours, during which there was considerable depression, the general condition steadily improved, the burnt tissue gradually came away and cicatrization took place.

August 6. The jaw began to swell, the temperature rose again, and some erosion of the mucous membrane,

caused by a bicuspid tooth, was discovered. It was feared that the sloughing was about to begin anew. The tooth, however, being drawn, the trouble subsided.

August 14. The patient is doing well in every respect. The spleen is still large but somewhat softer; he has an excellent appetite and is gaining flesh. The carbonate of ammonia had been discontinued for some time; the iron continued.

In commenting upon this case, we must attach considerable importance to the carbonate of ammonia, so highly recommended by Waring and others in conditions attended by sloughing.

GUNSHOT WOUND OF ABDOMEN AND CHEST, WITH EXTENSIVE SUBCUTANEOUS EMPHYSEMA.

Service of CHARLES CHASSAIGNAC, M. D.

Reported by J. W. WRAY, Resident Student,

L. H., colored, aged 42 years, was brought to the Charity Hospital, in the ambulance, on the evening of the 22d of June, 1886. The patient stated that he had received his wound from his own pistol, which, having fallen from his hand and struck the ground, nozzle upward, discharged the bullet into his body. The ball entered the abdomen, *in the right ilio costal space*, just below the free end of the twelfth rib. One hour after the accident, when the patient was examined by Dr. Parham, the evidences of penetration were not positive. The patient suffered greatly of shock; surface cold and clammy; pulse rapid and weak; respirations slow and shallow; patient seemed almost unconscious of his surroundings. When spoken to, he answered in an indifferent and incoherent manner. Four hours later, at six o'clock in the evening, patient's general condition was better; symptoms of shock somewhat relieved. Examination of the chest revealed a large emphysematous tumour, *situated in the left mammary region*.

The swelling resembled very much in size and shape a large mammary gland, gradually sloping to the chest. There was also an emphysematous condition of the corres-

ponding region on the right side, but less marked than that of the left. The emphysema extended upward, above the clavicles, and downward and backward, to the spinal column. This emphysema, which had developed in four hours, seemed to have for its focus a point between the third and fourth ribs of the left side, at which point patient complained of pain exaggerated by pressure.

On the following morning, June 23, had recovered from shock; an action from the bowels gave no pain; the discharge contained no blood. Patient expectorated small clots of blood; no vomiting; temperature 101 F., pulse 78, respirations 22. The emphysema had extended in every direction, reaching as far as the scrotum and the left leg. At this time, physical exploration revealed no symptom of pleuritis, pneumonitis or peritonitis.

On the evening of the same day, temperature registered 99° F., pulse 72, respirations 18; emphysema limited.

On June 24, patient's condition much improved; temperature normal. The improvement continued; the emphysema gradually disappeared and the patient was discharged, June 30th, 1886, eight days after admission.

In five or six days he returned, as instructed. Physical examination of the chest showed entire absence of the emphysema above noted; diminished, almost absent, vesicular breathing; diminished voice sounds, and diminished fremitus; dullness on percussion; ægophony. These signs were noted front and back; more marked posteriorly. Exploration with a hypodermatic syringe in the seventh space showed the presence of a sanguinolent fluid. The ball was located, in all probability, just beneath the integument, at the point where the patient had previously complained of pain, and the seeming focus of the emphysematous condition.

The points of interest in the case are: The location of the point of entrance of the ball, in the right ilio-costal space, and then the point just above the left nipple, whence the emphysema spread so extensively, which strengthens the supposition that the bullet passed through impor-

tant organs—the liver, diaphragm and left lung. The recovery of the man we regard as remarkable, and deserving report.

A STRANGE CASE OF STANGULATED HERNIA.

By L. LADMIRAULT, D. M. P.

On the 15th of May, 1859, I was called to an African negro, aged about 66 or 67 years, suffering from a strangulated hernia of four days duration. As he was in the habit of reducing the hernia himself he had remained that long without asking for help. Stercoraceous vomiting; hic-cough; the weakness of the pulse and coldness of the body seemed to indicate approaching death. At the request of his master I began the operation, assisted by him and an intelligent neighbor who administered the chloroform. The hernia measured ten inches by five. After incising the tissues and opening the sac, a loop of the small intestines about fifteen inches in length was exposed, distended only by the accumulation of gases, of a dark color, nearly gangrenous. The inguinal ring, although very large, admitted with difficulty the probe-pointed bistouri. An incision was made directly upward at the internal portion of the ring, so that the finger could be introduced into the ring, but reduction was still impossible. Drawing the intestines further out, I discovered that back of the inguinal ring the bowel was twisted twice on itself as a sausage. By untwisting it and driving up the gases in the rest of the intestines, the hernia was so diminished in size that it was returned without difficulty. Reaction took place immediately. Cicatrization was rapid, and the patient was soon able to return to his work wearing a truss.

CANCER OF THE ŒSOPHAGUS.

By EDW. E. ELLIS, Resident Student, Charity Hospital.

Henry Riese, white, male, aged 60 years, was admitted in the Charity Hospital, July 1886, in ward No. 22, service of Dr. Parham, assistant house surgeon. He was born in

Germany, but for the last twenty years had lived in Texas. He was a wood-worker by occupation and drank moderately; he gave no history of previous disease or syphilis. His mother died of phthisis pulmonalis and his father of old age. Upon admission patient was anæmic and very much emaciated. He stated that since January of this year he had begun having trouble in swallowing; this had progressed slowly, so that during the last three months he had been unable to swallow solid food and had nourished exclusively upon fluids. During this time he lost about thirty pounds. His appetite is great, but he is unable to satisfy it, solids positively refusing to pass, and even liquids regurgitate at times. His bowels are costive. He complained of no other pain. Examination revealed no enlarged glands or tumor in the neck and no aneurism, an attempt was made to introduce an œsophageal bougie, about $\frac{1}{3}$ inch in diameter, but without success, the instrument not reaching more than one inch beyond epiglottis and exciting considerable reflex spasm notwithstanding the use of cocaine. The diagnosis of cancerous stricture of the œsophagus was made.

From the time of admission patient sank rapidly and died of exhaustion on August 9th, 1886.

The autopsy was performed eighteen hours after death, an extract of which reads as follows: Lungs and pleuræ anæmic, heart empty and small, aorta normal, stomach and intestines empty, liver, spleen and other abdominal organs normal. In the œsophagus, about one inch below the level of the cricoid cartilage and occupying nearly the whole lumen of the tube was a ring-shaped growth raggedly ulcerated; this growth which to all appearance was carcinomatous only involved the mucous and submucous coats of the tube at the whole of its circumference, except in that portion of the organ in contact with the trachea where all three layers were involved, and the growths involved the latter tube in the interval between the cartilaginous rings; there was, however, no communication between the trachea and œsophagus.

CASE OF CHLOROFORM POISONING.

A case of chloroform poisoning occurred in this city, on the 15th of July, in the hands of two of our most careful practitioners, both of whom are skilful in the administration of anæsthetics. The following statements in regard to the case are authentic.

The patient was a Swede, aged 41 years, of strong physique, a cotton screwman by occupation. He was in the ranks of the citizen soldiery on the 14th of September, 1874, and received a gunshot wound of the thigh, inflicted by a minnie ball. Necrosis of the femur followed, with repeated abscesses, and the opening of fistulous tracts. For the removal of the necrosed bone the operation was undertaken on the morning of the 15th of July. The ordinary preparations for administration of chloroform were made; the towel for administering the drug was rolled in the form of a shirt cuff, so as to allow the free admission of air. As the patient lay on the table his heart was examined, and though a little excited, gave no abnormal sound. The patient manifested considerable apprehension of the effects of the anæsthetic, and went under its influence in a state of nervous excitement. During the administration his pulse was under the finger of one of the medical attendants. It maintained its strength and volume well until the moment of its complete cessation. There was no sign of pulsation after that moment. The heart stopped beating during the stage of excitement, while the patient was breathing jerkily and spasmodically, and becoming cyanosed, the condition immediately preceding complete anæsthesia.

Artificial respiration, the inverted position, hypodermatic injections of brandy, which, in the anticipation of early emergency, were already prepared, all were practiced without avail. While the artificial respiration was being performed the patient urinated involuntarily, and attempts at natural respiration were observed. The heart, however, made not an effort at pulsation which was perceptible. It ceased its beating suddenly, instantly, without previous flagging or other warning. In such cases all efforts at re-

suscitation are usually futile. The case is one of exceeding interest, in that the patient died under the very eye and observation of two perfectly reliable physicians, and while receiving from their intelligent hands the aid usually offered in such emergencies. The case illustrates very well the helplessness of the physician in the event of such sudden and complete suspension of the heart's action.

✂ CORRESPONDENCE.

A METHOD OF OBLIQUE INTESTINAL RESECTION WITHOUT SUBSEQUENT DANGER OF ORGANIC STRICTURE.

By W. LOCKE CHEW Birmingham, Ala.

The Editors N. O. Medical and Surgical Journal:

There appeared in the July issue of the *Alabama Medical and Surgical Journal*, under the head of "Society Reports," an article by myself, on "Strangulated Hernia," to which was appended a few remarks made at the society meeting, on intestinal resection. At that meeting, by crude drawings and reasonings from the history of intestinal resection, the uses of the enterotome, and nature's method of restoring the lower bowel after gangrene of the contents of a scrotal hernia, I tried to show that to secure (*a*) the removal of the dangers of organic stricture; (*b*) to make the organic contraction broaden the lumen of the bowel; (*c*) to secure all knots in the lumen of the intestine; (*d*) to lessen the dangers to a minimum of fecal extravasation; (*e*) to prevent and remove the éperon; (*f*) to render possible the union of the small and large bowel after exsection; (*g*) to approximate the peritoneal surfaces of both resected ends—
"The resection must be oblique."

The more to facilitate the description and elucidate the stages of the operative procedure, the annexed drawings have been prepared, with the hope that they may subserve that purpose.

Having a case that calls for resection, how shall it be done? Perform an abdominal section and draw the diseased intestine through the incision, say, until six or eight inches of healthy bowel on either side of the diseased portion lies on the abdomen. Next, exsect the offending portion, resect the bowel transversely, and then pare the resected ends of either portion of the intestine, as follows: Taking the ends separately or together, compress them into flattened bands between the index and middle fingers of the left hand, the intestine bring in the palm, the end projecting between the fingers; then, holding the scissors in the right, cut away two-fifths of the wall of either resected end, on proximal side of the mesenteric attachment, extending the incision from the resected ends obliquely up the intestinal wall, for from two to two and three-fourths inches, thus cutting away a wedged-shaped portion from the wall of the resected ends of either portion of the bowel; (Fig. 1), the base of the wedge being on the resected end and the apex of the wedge at the end of the incision in the intestinal wall some two and three-fourths inches up the intestine. Next, slightly evert the intestinal walls and suture the apices (Fig. 1, *c*) of either incised intestine to the other. The suture should be strong, small cat-gut, and it should be introduced one-quarter of an inch from the pared edges of the incised gut, and passed from the mucous surface of the proximal end of the intestine, through the peritoneal surface of the proximal end, to enter the peritoneal surface of the distal end and come again into the lumen of the bowel through the mucous surface of the distal end at a point equidistant from the pared edges of the intestine, at the point of introduction. The needle may again be passed from the mucous surface of the proximal end as in the first instance, and so on, until completed to a point (Fig. 1, *d*) midway between the sutured apices *c* and the resected ends, *a b*. The continuous suture should be used.

Another method of introducing the suture, equally as acceptable, may be employed: When the first suture has been introduced as above directed, instead of carrying the

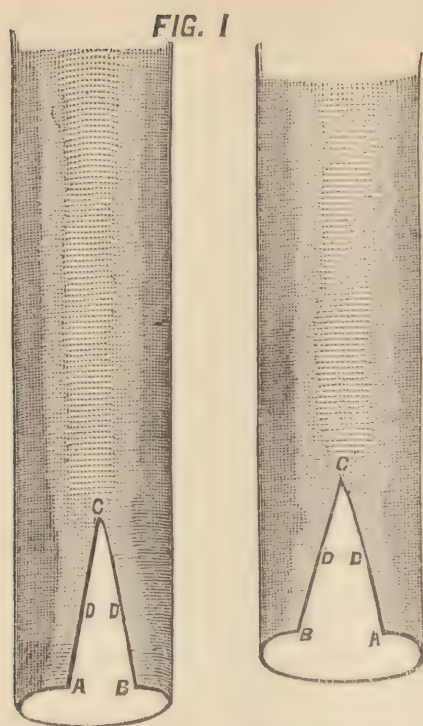


FIG. 1. Appearance of Intestine after Ex-section and Incision of Proximal Walls, with removal of Wedge for prevention and removal of Éperon.

needle again into the proximal end, it may be passed back from the distal to the proximal end, through the walls, and thus to and fro until completed to the points on either side, (Fig. 1, *d*) as above located. It is then advisable to return and strengthen the cat-gut suture along its entire course, by means of a strong, small silk suture introduced between the points of introduction of the cat-gut suture and the margin of the pared bowel. It may be either continued or interrupted. This done, suture with cat-gut and strengthen afterwards with silk from the points *d*, Fig. 1, to the angles on the resected end, uniting the margins *d b* to *d b*, *d a* to *d a*, which gives us the common end as is shown in Fig. 2.

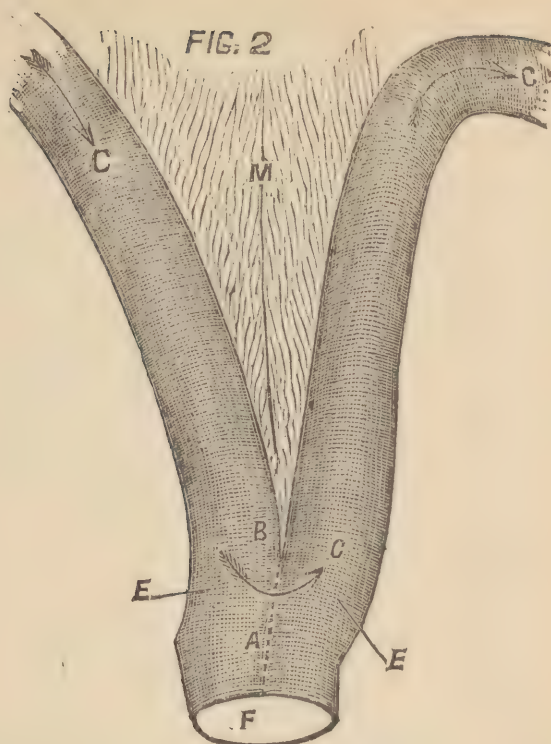


FIG. 2. Showing appearance of Intestine after Suturing

- | | |
|-------------------------------------|---------------------------------|
| A. Line of Suture of Incised Edges. | F. Temporary Intestinal Fistula |
| B. Stump of Amputated Éperon | for Attachment to Angle of |
| C. Current of Ingesta. | Incision. |
| E. Enlarged Intestinal Lumen at | M. Mesentery and Vessels. |
| Site of Operation. | |

When the pared bowel has been thus thoroughly sutured throughout, neatly cleanse it and return the intestine to the abdominal cavity—the common end being retained, and sutured to the inferior angle of the incision, thus establishing an artificial intestinal fistula, which, giving ready drainage, thus relieves the sutured bowel from fecal pressure. After some ten days has passed and the bowel has firmly united, this fistule may be closed with ease and safety by a slight plastic operation, the structures assuming the relations as shown in Fig. 3.



FIG. 3. Horizontal Section of Intestine and Abdominal Wall at Site of closed Intestinal Fistula.

- | | |
|--|---|
| <p>A. Section of Abdominal Wall.</p> <p>B. Contracted and rounded Éperon.</p> <p>C. Contracted and Occluded Fistula with organized Lymph.</p> <p>D. Passage of Ingesta along the continuous lumen of Bowel.</p> <p>E. Adhesions between Peritoneal Surfaces of Bowel and Abdominal Wall.</p> | <p>F. Showing the Internal Concave and External Convex Surface of Intestine at site of operation.</p> <p>M. The Mesentery making traction on the Stump of the Éperon.</p> |
|--|---|

We do not do too much in claiming for this method the following advantages: 1. The lumen of the intestine is restored and preserved. 2. The dangers of resection are reduced to a minimum by the method of suture, which is strong (two along entire length), and secure, all knots being in the lumen of the intestine, the peritoneal walls of which are approximated. 3. The dangers of fecal effu-

sion are reduced to a minimum by the temporary intestinal fistule, which readily evacuates the bowel, and relieves strain and tension on the sutured bowel and the recently formed adhesions. 4. The great subsequent danger of organic stricture of the bowel is prevented by the oblique method of intestinal union. 5. The éperon is removed in the incision before suturing. 6. The lumen of the two resected ends need not necessarily be of equal size, thus, when the obstruction is at the ilio-cavael valve, the large and small bowel may be united by the oblique method, although the immobility of the parts render the operation much more difficult.

To any one who will perform this operation on the cadaver, it will recommend itself, from the ease and simplicity with which it is done and the safety it offers.

LEADING ARTICLES.

HOMŒOPATHY.

It was a very strange request made of Dr. V. G. Bowditch by the Hahneman Society, of the Boston University School of Medicine, that he address them on "Homœopathy, as viewed by a member of the Massachusetts Medical Society." But strange, and under the circumstances, difficult as the task was for one so unalterably opposed to the tenets of the sect, Dr. Bowditch proved himself fully equal to the occasion, for he delivered an address, which for dignity, exhaustiveness and crushing effect, will not soon be effaced from the memory of his audience. Indeed it must have been painfully apparent to the gentlemen of the Hahneman Society that they had "caught a tartar" for he gave them very little comfort.

But the society is largely responsible for the rough handling received, for it pleased them to propound nine formal questions, the answers to which could hardly have been different from those given by Dr. Bowditch. They fell

into this error and laid themselves open to chastisement, in their endeavor to so word their queries that the doctor would be compelled to lay bare the *weaknesses* and *fallacies* of the "old school." How else interpret?

"Question II. What would your school do in a case where the symptoms were so varied that it was impossible to make a diagnosis?"

What else was sought by this but the bringing out of the fact that we do not always make our diagnosis before prescribing, as "they assert" we claim? The doctor very properly told them that our only resource would be to *wait*, and in the meanwhile watch for symptoms which would help us, in combating any symptom, the relief of which would make the patient more comfortable or which in itself appeared dangerous. But the doctor failed to tell them that this question also indicated what we said in our November issue, that a diagnosis is not necessary in homœopathy, and seldom sought for, since treatment under this belief is entirely symptomatic.

The same criticism may be applied to "Question III. What are the arguments in favor of polypharmacy in your school?" They meant by this to condemn any and all combination of drugs. Dr. Bowditch told them that the *shot-gun* prescription of fifty years ago are as much condemned by us as by any one, but that he was a poor physician who did not know that certain drugs are synergistic to others, and who did not learn from his own and the experience of others that certain combinations produce effects which cannot be obtained from any one drug alone. Moreover, a little later on, the doctor told them that the main mission of the homœopaths had been accomplished in bringing about the reaction against too much drugging so prevalent a few decades back, and they should be thanked therefor. But the doctor also told them that no homœopath ever administered any particular pellet twenty-four consecutive hours in a protracted case.

Asked as to the doctrine of homœopathy most objectionable to regular physicians, he answered that we did not object to simple remedies or to small doses, but we wer

firmly opposed to *similia similibus curantur* as a principle entirely improved, and "if strictly adhered to, a dangerous source of error."

He denounced the attempt of the homœopaths to fasten upon "regular" physicians the term "alloëopath." We are simply *physicians* and nothing can justify a man in "classing himself in any other than the great body of physicians." He plainly told them that "homœopaths *do not practice always in accordance with their methods by any means*, the laity being at the same time misled with the idea that they are being treated homœopathically." The "irregular" physician has a right to be indignant with the homœopath for this "sailing under false colors," and using the term simply as an advertisement.

It was on this point that the doctor spoke most forcibly, but he was only a little less severe in his treatment of the seventh question, in which they stated that statistics proved that homœopathy was more successful in the treatment of disease than the "old school." He replied that such statistics were utterly useless, since compiled for a purpose, and from such a variety of sources, to say nothing of differences of opinion among physicians and the innumerable differences between cases of the same disease. Moreover, if homœopathy had taken the place claimed for it, why was it that it had not swept away all other creeds? Why is scarlet fever so feared, if belladonna is infallible? or why were France, Italy and Spain still devastated by cholera, if camphor is an absolute specific? He further said: "I can but regard it as a significant fact that in Vienna, where homœopathy may now be freely practised, that the Gumpendorfer Hospital, founded forty years ago, remains still a small building while its neighbor, the Allgemeines Krankenhaus, has increased its holding capacity steadily up to the present time and now contains some 3000 beds? The doctor would have made the discussion of this point more complete if he had read them a lecture on the use of their so-called statistics in the public prints [to further influence the public. It is only a short time ago that a daily paper contained a statement that the homœopaths in

Italy were losing by *Rubini's* method from fifteen-hundredths of one per cent. to one per cent. of their cholera cases, while under allœopathic the mortality was over fifty per cent. Of course this called forth an editorial praising the homœopath and denouncing the "allœopaths."

To their complaint that they are kept out of the Massachusetts Medical Society, Dr. Bowditch replied, that the society is open to any *plain physician* or *plain surgeon*, but not to a homœopath or an allœopath, or an eclectic.

It was a masterly essay, and it is to be hoped that since many new graduates heard him it will bear good fruit, but whether it does or not, it so clearly states the relations and differences between "regular" medicine and homœopathy that it deserves to be read by every one, be he "regular" or "irregular."

CHARITY HOSPITAL AMBULANCE HOUSE.

Since the organization of the Ambulance Service, on February 2, 1885, it has proved invaluable to the efficiency of the medical service of the hospital. The ambulances are commodious and comfortable, and well equipped with all medicines and surgical appliances needful in the exigencies of such a service. The necessity of establishing the service in New Orleans is now universally recognized, and the members of the Hospital Administration have won golden opinions from the profession as well as the people.

To provide for the permanent establishment of the Ambulance Service, and prepare comfortable quarters for the corps in charge, the Board of Administrators resolved to construct an Ambulance House, specially designed for applying the modern manner of rapid action, such as witnessed in the engine houses of metropolitan fire departments. The House has just been completed, and stands on the square opposite the hospital, once occupied by the New Orleans School of Medicine. It is a two story brick structure, quite ornate in its design, and built after the architectural drawings of Mr. W. A. Freret, of this city. The style of architecture, with the gabled roof and windows, much resembles the old hospital building, erected in 1832. The

plan of the ground floor provides for three ambulances, each fronting on one of the sides of a half hexagon, with stalls. So arranged as to facilitate rapid hitching. The second floor is occupied by the ambulance corps, and by way of conveniently arranged stairways and manholes, they respond to signals in the most expeditious manner possible.

The signal system, devised by Mr. Ponder, the hospital engineer, is perfect in its arrangement. The call for the ambulance is received at the hospital library, where the officers decide whether it is an ambulance call. All signals to the ambulance corps are given by electric wires. The same current, which sounds the gong, in the stables, unhitches the horses; and, at night, the same current also rings bells in the rooms of drivers and surgeons and turns on the electric light throughout the building. The harness is swung overhead, so as to drop in place and fasten with spring catches, and so attached by cords, connected with the doors, that when the driver pulls the riens the doors swing open. In cases of urgency, the ambulance is off within one minute. The electrical arrangements work with a precision quite perfect.

It gives us special pleasure to chronicle the completion of the Ambulance House and the establishment on a permanent basis of a service as well organized and equipped, and as efficient in its working, as anywhere to be found. The corps of ambulance surgeons, who are the resident students of the hospital, deserve much of the credit for the success of this service. To the Board of Administrators the JOURNAL offers congratulations upon the completion of this important improvement, which along with other works, signalize the wisdom and fidelity with which they have executed a public trust.

SHALL WE CASTRATE IN CASES OF COMPLETE ABLATION OF THE PENIS ?

The case of amputation of the penis, reported by Dr. D. Jamison, in the present issue of the JOURNAL, recalls an article by Mr. C. G. Wheelhouse, of Leeds, published in

the January, 30, number of the *British Medical Journal*. Mr. W. reports a case of total removal of the penis and testes for malignant disease, and, in connection therewith, comments on the advisability of removal of the testes in cases of complete ablation of the penis, although the organs themselves may not be involved. The writer related two cases of amputation of the penis; one in which the testes also had been removed, because of their involvement in the malignant disease; the other, in which the organs were allowed to remain. The patients lay in contiguous beds, exchanged experiences, and reported widely different results. In the one case, although the operation was of greater magnitude, the patient made an excellent recovery, and expressed himself as being entirely relieved, not only of the pathological disorder, but of the annoyance of a physiological action, which, in the absence of the penis, is without relief. In the other case, in which the healthy testicles were allowed to remain, the organs became tender and swollen, and proved a source of great distress, because of the physiological excitement of desires impossible of gratification. The writer concludes: "When, therefore, you feel compelled to resort to the more sweeping measure of total ablation of the penis, I think the consideration of the patient's condition in the future, should he recover from the operation, should be laid fully before him, should be carefully explained to him beforehand, and, should he determine to submit to the removal of the testes, as well as of the penis, I should not often hesitate to make the operation complete. So long as any portion of the penis is left, this question will never, of course, arise, but when that organ is completely and entirely removed, it becomes a very essential part of the consideration to be placed before the patient." This is a matter, which, in the opinion of the present writer, should be explained to the sufferer and by him decided. The resensation of the testicles in some men, whose sexual instinct is feeble at best, would not be very apt to add to their unhappiness after loss of the penis. However, in many others, whose physiological expressions of sexual affinity are irrepressible, the re-

moval of the testes becomes advisable whenever complete ablation of the penis becomes necessary.

MR. TILDEN'S DEATH.

Mr. Tilden has taught the useful lesson of how a man of his age, warned in time of the impending crash of his physical powers, by proper preservation of his health, can prolong his life and further extend his usefulness. Six years or more ago, broken in health by the labors incident to his exalted position, his death would not have been unexpected to his countrymen. He retired to Greystone, not to rust, but to rest; to enjoy that period of repose which every man who has borne himself a "hero in the strife" among men, deserves before reaching his grave. Mr. Tilden, thus prolonging his life, was enabled still further to enhance its usefulness. He remained an interested observer and director of public affairs. For the wisdom of his counsel in all matters of State, his opinions were still consulted, and he wielded an influence well-nigh paramount in determining the policy of the party with which his public services had been identified. His example, we repeat, teaches an instructive lesson. How many men, not driven by the necessities of life, but wholly absorbed in their life-work, go on working, working, working, rapidly discounting the days of their life in total disregard of nature's warning and the most urgent advice of physicians? How many useful lives might be preserved and prolonged, which we see every year snuffed out prematurely for the lack of proper and intelligent care. The vital organs of old people are like delicate glassware. They crash easily under rough usage; they last indefinitely if preserved with proper care.

DRS. FLINT AND J. S. BILLINGS.

Through the sudden death of Dr. Austin Flint, Sr., the British Medical Association were in effect favored with two addresses on medicine—one the posthumous address of Dr. Flint, which was most likely read by all of the

members as soon as it was published; the other, the address of Dr. J. S. Billings, which was delivered by the author in person, August 11th, 1886.

Indeed, though it was only a coincidence, as Dr. Billings had no reason to know the nature of Dr. Flint's paper, it were possible to consider the one address as the supplement or complement of the other; for Dr. Flint's essay was on "The Medicine of the Future," while that of Dr. Billings, though entitled "Medicine in the U. S. and its Relations to Co-operative Investigation," was really a statement of the status of "Medicine of to-day." Dr. Billings said as much when he remarked: "It is hardly possible to make any statement with regard to medicine or the medical profession of the United States as a whole which shall be definite and at the same time distinctive; that is, which will not apply almost equally well to medicine and the medical profession of other countries."

These two products of American thought could not but have profoundly impressed our trans-Atlantic brothers as well as convinced the skeptics among them that something good can come out of our Nazareth.

Dr. Flint's paper was conceived and written in his usual impressive and clear style. He said that reasoning from the past history of medicine, we had a right to hope and to believe that it not only would continue to advance, but fifty years hence would be further ahead of the medicine of to-day than to-day is of half a century ago. Taking this as his *motif*, he attempted to depict the condition of the science as it will be in 1936. Just as in the past, it has taken long strides through the introduction of vaccination (or inoculation), auscultation, anæsthesia, the thermometer, the microscope, etc., so in the future it must progress by the same means—discoveries and inventions. How far or in what exact direction the discoveries and inventions will go, no one can say, but improvements in the microscope and in staining may open up vast fields to us, and lead us far along in the study of bacteriology and its consequently preventive medicine. Again: the spectroscope and analytical chemistry may teach us much of histology and of

disease. The principle of the telephone may yet be applied to the study of the function and the disorders of the internal organs, and the phonograph for recording and preserving observations. Therapeutics, too, will improve: less medicine will be given, and what is used will be to a better purpose and with a better idea of the cause of effects of drugs. Among other measures to be employed will be blood-letting, a useful practice which has been almost lost in the reaction against its abuse. In pathology we would come to know more about the spleen, thyroid gland, the liver and their functions, as well as the nature and use of other slightly known tissues. But he viewed with alarm the enormous amount of literature that affects medicine, and its verbosity. He could but hope that some restriction would be laid upon the growing evil, else specialism would take a direction even worse than that of to-day.

Such is the outline of the great man's picture. No one can say that the ideas are utopian or of the nature of a Mother Shipton's prophecy. In fact these are just the lines of advance we can expect. More than all, may not such prophesying by such a man tend to hasten our advance by suggesting the course of investigation?

Dr. Billings took as his subject the present condition and future prospects of medicine in the United States, and the outlook for useful co-operation from us in scientific investigation.

He begun by stating the total number of physicians in the United States and Canada as 90,410, which was in the United States alone a proportion of 17-10,000 of total population. This indicates a crowded state of the profession, especially when compared with England, where there were only 5.8 per 10,000 of registered practitioners, or 9 per 10,000 of both registered and unregistered. A fair proportion of physicians to population is about 1-1000.

The cause of this state of things was to be found in the low standard of education prevailing in certain localities in the States. But there was also a cause for this same poor education in the varying requirements made of a physician in the different regions. In the large cities and the East-

ern States the standard was as high as anywhere in the world, but in the malarial regions of the lower Mississippi the nature of the demands made upon physicians is such that one trained in the schools and hospitals of the Northeast would hardly be able to meet them. Moreover, the primary reward of a physician in a thinly settled country, such as the one used in illustration, is so small that no inducement is held out for one that has spent several thousand dollars in acquiring an education. In other words the number and standard of schools vary according to the locality, and the number and standing of the graduates according to the schools.

Little can be hoped for in the way of legal restrictions in the matters. The better educated and successful class of physicians take very little interest in legislation of this character, for they, as a rule, have all they can do, and the irregularities of others affect them none at all. Young physicians who are not yet in full practice, and who are principally affected by quacks and the ignorant practitioners, are the most active in the urging of reforms, but the people are not yet educated up to them, and progress is, therefore, slow. However, matters are steadily improving, more especially through the enactment of State laws by various States. Most noticeable among these are the laws of Illinois and Alabama. Other States have good laws, but they are not enforced. Those two States, and especially Illinois, have had good effect upon medical education throughout the whole country. The United States does not take any direct part in the regulation of medicine, but indirectly through its various departments of the Army, Navy, Marine Hospital Service, and its museums and libraries aims to keep up a high standard. Again our national, State, county and local societies, together with associations of specialists, such as pathologists, surgeons, obstetricians, are lending powerful aid in the elevation of Medicine in America. So that, all things considered, the time is not far distant when the medical profession of the United States will, as a whole, do their part in advancing the knowledge of medicine the world over.

Indeed, the opportunities offered in America for investigation of the effect of climatology upon disease, as also the influence exerted by the intermingling of races were so great that much may be hoped for as the profession becomes more and more capable of prosecuting such studies. In illustrating the possibilities in these directions he exhibited colored maps showing the localities of greatest prevalence of malarial fevers, cancer, consumption, pneumonia, diphtheria, etc.

As to the ultimate results, Dr. Billings was more than hopeful, for Americans are a restless, inquisitive, inventive people, and the grumblings in which we indulge are only "growing pains."

EDITORIAL COMMENTS.

Dr. Brice M. Hughes paid us a visit during the past month. The younger alumni of Tulane University will remember Dr. H. as a resident student of the Charity Hospital, 1880-1882, and valedictorian of the medical class of 1882. He and Dr. W. Locke Chew, also a resident student of the Hospital, 1884-1886, are practicing in partnership in Birmingham, Alabama. The Transactions of the Alabama State Medical Association, the *Alabama Medical and Surgical Journal*, as well as our own pages, will attest that our friends are not idlers in the vineyard.

Mr. Warren Stone Bickham, son of Dr. C. J. Bickham, has resigned his place as resident student at the Charity Hospital, preparatory to attending his final course of lectures at the college of physicians and surgeons and locating permanently in New York city. Mr. Bickham's record in the competitive examination for appointment, and his service in the Charity Hospital during the past eighteen months, have won for him the good opinion and the good wishes of the Board of Administrators and the Hospital

Medical Staff. He has consented to act as the regular New York correspondent of the JOURNAL, and it gives us special pleasure to commend him to our friends in the metropolis.

ABSTRACTS, EXTRACTS AND ANNOTATIONS, MEDICINE.

INTESTINAL CAST.

Dr. W. A. Edwards has in the *Medical News* a very interesting article on casts of the intestines. Their exact composition is not fully understood, though, they are apparently formed of some coagulable gelatinous substance secreted during an abnormal state of the intestinal follicles; but this is largely conjecture, for *post-mortems* in such conditions have been rare. The casts themselves vary from mere shreds to actual representatives of the calibre of the intestinal tract. Cases have been reported where they were discharged in masses similar to a bunch of worms: others like boiled macaroni; still others like membranes. Their length has reached as much as a foot and more in man; but they have been observed as long as fifteen feet in cattle.

The symptoms attending them are still more, ranging from nothing at all except the periodical discharge of the casts, to profound prostration with diarrhœa, abdominal pain, tenesmus and hemorrhage. The large majority of cases occur in females; out of one hundred cases collected by Whitehead only *four* were males. This fact seems to lend color to the statement that this affection is generally seen in hysterical women or hypochondriac men. "Da costa is of the opinion that the affection is not originally an inflammation, but considers the inflammatory element as the result rather than as the cause, and would attribute the true etiology to the nerves presiding over nutrition."

"The following drugs have been used with more or less transient success; turpentine, iron, cod liver oil, oxide and nitrate of silver, muriate of ammonia, sulphate of zinc, tar water, chlorate of potash, corrosive sublimate, blue pill."

WHOOPIING COUGH TREATED ANTISEPTICALLY.

Dr. Smith gives the following treatment of Dr. Monti, of Vienna, for whooping cough: Four times every day the child is made to inhale a 1 per cent. solution of phenic

acid or a 5 per cent. solution of sodium benzoate. Internally every two hours a powder consisting of muriate or tannate of quinine with sodium benzoate and white sugar, is taken in milk, the dose of the ingredients to be regulated by the age of the child.

The uncomplicated cases treated in this manner have had a mean duration of twenty-one days. In no case was there the slightest symptom of poisoning by phenic acid.—*Journal de Med. de Paris.*

HOW TO ADMINISTER QUININE IN MALARIAL INTERMITTENT FEVERS.

The following, though not new, has proved of such good service in several hundred cases of malarial fevers which came under our care that we deem it of sufficient importance for publication. This way of administering the anti-periodic was suggested to us a number of years ago by our friend, Dr. H. D. Schmidt, who claims to have gotten it from the late Prof. G. B. Wood, of Philadelphia:

In intermittent fever always give the quinine in the intermission, the first dose twelve hours before the expected paroxysm, a second dose six hours after the first, and a third dose three hours after the second; given in this way the dose needs seldom exceed five grains.

SURGERY.

CALCULUS, WEIGHING $2\frac{1}{2}$ OZ., EXTRACTED THROUGH THE DILATED FEMALE URETHRA.

Mr. Boatflower, of Salford Royal Hospital, has reported in the *British Medical Journal*, the case of a girl, aged 21 years, through whose dilated urethra he extracted from the bladder a stone weighing $2\frac{1}{2}$ oz., and measuring $2\frac{1}{3}$ inches in length, $1\frac{3}{4}$ inches in width, nearly 4 inches in circumference.

“When admitted to the hospital,” says the writer, “she was emaciated, the urine was alkaline, with heavy phosphatic deposit. An operation was performed on January, 16. After rapid dilatation of urethra with the fingers, the intention was to introduce a lithotrite and crush, but this was found difficult to accomplish. The bladder was tightly contracted round the stone, and injection of the bladder was useless. Owing to this contracted condition it was found impossible to grasp the stone with a lithotrite without including the mucous membrane. A pair of lithotomy

forceps was therefore introduced, and with gentle traction, but not without considerable difficulty, the stone was extracted, the procedure causing some laceration of the urethra." At the time of the report the patient had recovered, but still complained of incontinence of urine. Mr. B. remarks, in conclusion that, in a similar case occurring in his hands, he would remove the calculus either by the supra-pubic or vaginal lithotomy.

The case reported is quite unusual. The stone is very large to have been extracted through the dilated urethra. Permanent incontinence will almost certainly result. When the surgeon has introduced the index finger into the urethra, he has dilated it to the extent warrantable, in view of the danger of incontinence, which, to the female, is a condition most deplorable. The case is instructive in that it should serve as a warning against the repetition of such a procedure.

FORMULA FOR FIXED DRESSING.

From the *Col. and Clin. Record* we extract a formula much used by Dr. Lewis, at the Pennsylvania Hospital, for fixed dressings:

R_y. Glue..... 1 lb.
 Oxide of zinc..... 2 lbs.
 Water, Cong..... 1 ett.

S. To be applied while hot, with a brush.

As it takes only a few hours to harden, it is regarded as preferable to the silicate of soda dressing. It is a dressing which physicians living in the country may easily have made to order.

PARTIAL REPRODUCTION OF THE TESTICLE.

Prof. Santi Sarena and Dr. Scardulla, of Palermo, draw the following conclusions from several experiments made upon dogs:

1. The testicle in the dog is reproduced after partial extirpation.

2. The new canaliculi come from a proliferating tissue which appears in the excised part, probably from the plasmatic cells existing in the stroma.

3. When extirpation is not performed under antiseptic precautions, or when the process of repair is disturbed, suppuration is more or less marked, and reproduction does not take place; on the contrary, mucoid degeneration of

the glandular epithelium takes place, followed by atrophy of the testicle.

4. Clinical observation also tends to show that reproduction of the testicle likewise takes place in man.—*El Dictamen*.

OBSTETRICS, GYNÆCOLOGY, ETC.

THE MEDICAL AND SURGICAL TREATMENT OF FIBROMYOMA UTERI.

In a paper entitled "The Medical and Surgical Treatment of Fibro-myoma Uteri," read before the Cambridge Medical Society, June 4th, 1886, Mr. I. Knowsley Thornton, (London), commenced with some remarks on the general medical and dietetic treatment of patients suffering from uterine fibro-myoma; objecting to the use of stimulants and iron, and urging the value of ergot employed between the periods, and the reasons against its use during the flow. Surgical aid could often be avoided by judicious diet, medicine and mode of life. He then proceeded to give in detail three cases upon which he had recently operated, to illustrate the difficulties in differential diagnosis between solid ovarian tumors and fibro-myomata, and between cystic ovarian tumors and fibro-cysts of the uterus, using the tumors (which he had on the table) to demonstrate the various points as he discussed the cases. His conclusions were: 1st, That some ovarian cysts, from their method of growth and the way in which they stretch out the layers of the broad ligament, uterus and bladder, cannot be differentiated from uterine tumors; 2d, that some uterine fibro-cysts, especially if complicated by solid fibro-myomata, cannot be differentiated from ovarian cysts; 3d, that some pedunculated fibro-myomata grow so fast, cause such emaciation and so little hæmorrhage, that they cannot be differentiated from solid ovarian sarcomata; 4th, that the ovarian cysts, which burrow deeply in the cellular tissue round the uterus, are slow and uncertain in their growth, are often causes of considerable pain and distress, are apt to give rise to inflammatory action, which, if allowed to recur from time to time, renders their removal extremely difficult, and from their seat, are especially liable to interfere with the actions of the kidneys and lead to serious inflammatory or cystic changes in these organs; 5th, that in view of the impossibility of exact diagnosis in some cases, exploratory operation should be advised whenever there is danger of

interference with the ureters by intra-pelvic pressure, whenever the presence of the tumor gives rise to recurrent attacks of pelvic inflammation, and whenever other symptoms indicate operation; 6th, that the operator who undertakes to perform ovariectomy must be prepared to find himself face to face with the most formidable hysterectomy which it is possible to perform, and therefore no one should undertake these operations without being fully provided with the appliances necessary for the completion of such exceptional cases. In his concluding remarks, he dwelt upon the impossibility, when operating for fibro-myoma, of deciding before hand whether the case was suitable for hysterectomy or for the removal of the uterine appendages, and then referred to some practical points in the performance of these operations. He had operated eighty-eight times for uterine fibro-myoma, and seventy-four of the patients were alive and well, eleven of the deaths having occurred in the first half of the cases and only three in the second half.—*London Lancet*, July 31st, 1886.

DISEASE OF UTERINE APPENDAGES.

In an article entitled "Is Disease of the Uterine Appendages as Frequent as it has been Represented?" published in the *American Journal of Obstetrics* for June, 1886, Dr. Henry C. Coe makes the following deductions:

1. Ovarian disease is not as common as it has been represented; the surgeons, and not the pathologists, being responsible for the prevalence of the contrary opinion.
2. Because an ovary is partially diseased it does not follow either that its functions have been materially impaired, or that its removal is imperative.
3. The expressions "cirrhosis" and "cystic degeneration" commonly applied to the ovary are mischievous terms, which are too often used in justification of unjustifiable operations.
4. Actual disease of the tubes is far less frequent than is generally believed; lesser degrees of inflammation, especially slight "catarrhal salpingitis," are seldom appreciable to the pathologist, still less to the surgeon.
5. Many of the symptoms ascribed to disease of the uterine appendages are really due to localized peritonitis, and will not be removed by a removal of the appendages.
6. The physiology of the ovaries and tubes is still imperfectly understood; their pathology must then remain *sub judice*, and operations for their removal, on the ground

of limited disease alone, must be regarded as largely empirical. To which I would venture to add the prediction:

7. The present enthusiasm in this country in favor of Tait's operation will not endure, because it will eventually be discovered that the number of permanent cures is entirely out of proportion to the number of operations.

FATAL RESULTS FROM "SPLITTING THE CERVIX."

Apropos of a review written last month in which we questioned the propriety of splitting the cervix for obstructive dysmenorrhea, we quote the following from the "*Weekly Medical Review*," August 7:

"The *Medical News*, in writing on this subject, says: Dividing the cervix at the external, or at the internal os, or in the intervening portion, though not long since a comparatively frequent operation for dysmenorrhea or sterility, is now very rarely done. Most operators now turn to dilators for the treatment of cases where incision was formerly done, one wing of the army of gynecologists still fight under the same banner of mechanical uterine pathology, only in place of hysterotomes, its enthusiastic soldiers use dilators. Possibly it is only a question of time when many of the dilators will be placed in the grave beside the hysterotomes, if the teaching of men like Duncan, Schultze and Williams prevails, and the mechanical theory of uterine disease is cast aside.

"However this may be, we have been somewhat astonished to know of the mortality which Sims had from this operation. Pajot states, in a recent lecture, that he knew of at least four deaths of women upon whom Sims had performed his operation of division of the cervix, and he believes that other similar accidents happened him. In the light of these facts, the profession is to be congratulated upon the fact that the operation has fallen into disuse."

BOOK-NOTICES.

The Theory and Practice of Medicine. By Frederick T. Roberts, M. D., B. Sc., F. R. C. P., Professor of Materia Medica and Therapeutics, and Clinical Medicine, at University College, London, etc. With illus-

trations. Fifth American edition. Philadelphia: P. Blakiston, Son & Co., No. 1012 Walnut street. 1884.

We are all acquainted with the value and popularity of Dr. Roberts' work, and are always ready to welcome a new edition. The present has again been reduced to one volume and brought well up to date. The portion on nervous diseases has been rearranged and entirely rewritten. We think the hope expressed by the author, "that the fifth edition of this work may prove as acceptable to students and practitioners of medicine as former editions," will certainly be fulfilled.

G. B. L.

A Dictionary of Practical Surgery. By various British Hospital Surgeons. Edited by Christopher Heath, F. R. C. S., of the University College and Hospital, London, England. In two volumes bound together. Philadelphia: J. B. Lippincott Co.; 1886. [New Orleans: Armand Hawkins. Cloth, pp., 1854, double columns. Price \$7.50.]

The subjects are arranged alphabetically, as in any dictionary. Every article is signed by its author, a very valuable feature. Terms are briefly defined, but no attempt has been made to give derivations, which might, we think, have added something to the work. Subjects are, as far as practicable, discussed under the following heads: 1, Cause; 2, Pathology; 3, Symptoms and Diagnosis; 4, Treatment; 5, Prognosis. No illustrations have been introduced, on account of the extra space that would have been required, and the time necessary for the production of the wood-cuts. The aim was "to produce a compendium of the practice of British surgery of the present day." The contributors are hospital surgeons of Great Britain, selected for their special fitness for handling the various subjects. The index of authors at the back gives the list of articles contributed by each surgeon. The list of surgeons comprise the majority of those most eminent in British surgery to-day. The whole has been under the careful superintendence of Mr. Heath. This book will hold the same place in surgical literature that has been so acceptably filled in that of medicine by Quain's Dictionary of Medicine. An excellent index of subjects at the end is a very valuable addition. As a ready-reference book, this work cannot be too highly commended to the busy practitioner, who wants easy access to information furnished by the highest authorities. The book, though consisting

of two volumes bound in one, is not cumbersome, and can be handled as readily as an ordinary dictionary. We have seen no book on surgery that has pleased us more.

F. W. P.

Medical and Surgical Directory of the United States; 1886. R. L. Polk & Co., publishers: Detroit New York, Philadelphia, St. Louis, etc.

This large volume of 1452 pages, comprises a list of physicians, arranged by States and one alphabetical list; all the existing and extinct medical colleges in the United States and Canada, giving full information; all the medical societies, hospitals, sanitarians, asylums, etc., boards of health, registration laws, all medical journals, the medical services of the government, and a great amount of information about every State and Territory. In addition numerous advertisements are found. The book has been prepared with immense labor, and will prove invaluable to officers of societies, colleges and other who desire such information as can only be found in this well-arranged volume.

F. W. P

PUBLICATIONS RECEIVED.

On the Necessity of Organization of the Medical Profession. Address by F. E. Daniel, M. D., editor *Daniel's Texas Medical Journal*.

The Test at the Bedside, or Homoeopathy in the Balance. An address by Pemberton Dudley, M. D. Delivered at Tulane Hall, March, 12, 1886.

Comparative Size of Nitric and Old Units with Reference to Convenience. By Fred Brooks, member of Boston Society of Civil Engineers; also, *Report of Committee of the Society on Weights and Measures.*

Is Disease of the Uterine Appendages as Frequent as it Has Been Represented? By Henry C. Coe, M. D.

Study Out of School Hours; Sanitary Science and Public Hygiene; Over Pressure in Schools. Three pamphlets published by the Iowa State Board of Health

Bulletin, North Carolina Board of Health, May, 1886.

Yellow Fever Not Contagious and Quarantine an Absurdity. By John Westcott, of St. Augustine, Fla.

Centennial Observations on the Past, Present and Future of the Connecticut Medical Society. By S. G. Hubbard, M. D., New Haven.

Crescent City Drug and Trade Review for June. Published by E. J. Hart & Co.

A Case Simulating a Mediastinal Tumor, with Special Laryngeal Symptoms. By Edward T. Bruen, M. D.

The Present Status of Abdominal Surgery; The Address in Surgery before the American Medical Association. By N. Senn, M. D., Milwaukee, Wis.

How to Care for the Insane; A Manual for Attendants in Insane Asylums. By William D. Granger. New York and London, G. P. Putnam's Sons, 1886; [New Orleans, Armand Hawkins. Price, 60 cents.]

A Manual of Differential Medical Diagnosis. By Condict W. Cutler, M. S., M. D. New York and London, G. P. Putnam's Sons, 1886; [New Orleans, Armand Hawkins; pp. 161. Price, \$1.25.]

Enucleation With Transplantation and Reimplantation of Eyes. By Charles H. May, M. D. Reprinted from the *Medical Record*, May 29, 1886; Trow's Printing and Book Binding Co., New York.

MEDICAL NEWS AND MISCELLANY.

NATIONAL CONFERENCE OF STATE BOARDS OF HEALTH.—Dr. C. P. Conn, Secretary, gives notice that there will be an annual conference of State and Dominion Health authorities at Toronto, Canada, early in October of this year, and all States and Dominion Boards of Health are cordially invited to send delegates. It is the design of this conference to consider questions of mutual importance to all sections of the country, and in order that delegates may fully understand the topics to be discussed, as well as to determine the time necessary to set apart for this work and not interfere with the regular exercises of the American Public Health Association, it is necessary that Boards of Health should formulate questions and propositions, they wish to have considered, and send the same to the Secretary at Concord, N. H., before August 1st, 1886. A programme will then be made and sent to the several State Boards, so that delegates can be prepared to act without delay, thereby facilitating the work of the Conference.—*The Sanitarian.*

Prof. Joseph Jones, Chairman of the Section on Public and International Hygiene of the Congress of 1887, has arranged a most comprehensive programme, covering a series of very important subjects for discussion. It is very probable that the work of his section will attract uncommon interest. The chairman is an indefatigable worker, a man of large experience in sanitary affairs and eminently qualified for the high position to which he has been chosen. The distinguished Englishmen, Mr. John Simon, Dr. B. W. Richardson and Dr. Thudicum, have been invited to the Vice-Presidency of the Section, and have accepted.

Dr. B. W. Foster, Mr. William Stokes, Mr. John Tomes, Mr. Douglas Maclogan, Surgeon-General Thomas Longmore and Mr. Edward Sieveking, have received the honor of knighthood from Her Majesty, the Queen.

MORTUARY REPORT OF NEW ORLEANS

FOR JULY, 1886.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial.....	8	5	7	6	6	7	13
“ Congestive.....	9	3	8	4	8	4	12
“ Continued.....	5	1	3	3	5	1	6
“ Intermittent.....	2	2	4	.....	3	1	4
“ Remittent.....	7	.....	4	3	5	2	7
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	2	2	2	2	2	2	4
“ Puerperal.....	1	2	.....	3	3	.....	3
Scarlatina.....	.....	.....	.....	.....	.....	.....	.....
Small-pox.....	.....	.....	.....	.....	.....	.....	.....
Measles.....	.....	.....	.....	.....	.....	.....	.....
Diphtheria.....	6	.....	3	3	.....	6	6
Whooping Cough.....	1	.....	.....	1	.....	1	1
Meningitis.....	11	5	4	12	3	13	16
Pneumonia.....	4	9	6	7	5	8	13
Bronchitis.....	5	5	3	7	5	5	10
Consumption.....	36	33	36	33	64	5	69
Congestion of Brain.....	8	4	8	4	6	6	12
Diarrhœa.....	13	6	9	10	10	9	19
Cholera Infantum.....	22	7	17	12	.....	29	29
Dysentery.....	7	3	8	2	9	1	10
Debility, General.....	4	3	2	5	7	.....	7
“ Senile.....	10	13	10	13	23	.....	23
“ Infantile.....	8	2	6	4	.....	10	10
All other Causes.....	191	94	161	124	167	118	285
.....
.....
TOTAL,	360	199	301	258	331	228	559

Still Born Children—White, 25; Colored 17; Total 42.

Population of City.—White, 173.500

“ “ Colored, 64.500

Total, 238.000

Death rate per 1000 per annum for month.—White, 24.89.

“ “ “ “ “ “ Colored, 37.02.

“ “ “ “ “ “ Total, 28.18.

W. H. WATKINS, M. D.,

Sanitary Inspector

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—JULY.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in in. & Hund.	GENERAL ITEMS
		Mean	Max.	Min.		
1	29.912	75.1	83.0	71.9	.19	Mean Barometer, 29.927.
2	29.982	79.0	89.0	70.8	...	Highest Barometer, 30.125. 4th.
3	30.089	81.5	89.1	73.8	...	Lowest Barometer, 29.699. 28th.
4	30.106	77.3	88.0	70.8	1.83	Monthly Range of Barometer, .426.
5	30.052	81.2	90.4	73.9	...	Lowest Temperature, 70.8, 2d and 4th.
6	29.982	76.9	89.0	72.8	.01	Monthly Range of Temperature, 22.1.
7	30.001	75.2	85.0	71.1	.15	Greatest daily range of Temp. 18.2.
8	30.006	79.7	86.2	71.3	.30	Least daily range of Temp're, 6.7.
9	30.031	78.3	85.0	75.2	.02	Mean daily range of Temperature, 13.6.
10	30.030	75.9	84.0	73.8	.58	Mean Daily Dew-point, 72.3.
11	29.975	80.7	90.0	73.2	.03	Mean Daily Relative Humidity, 79.7.
12	29.927	77.3	83.0	74.8	.10	Prevailing Direction of Wind, S. W.
13	29.964	75.2	80.5	73.8	.12	Highest Velocity of wind and direction, 24—S. E.
14	29.944	81.2	88.2	74.4	...	Total Movement of Wind, 37.62 miles.
15	29.867	82.6	92.2	76.0	...	No. of clear days, 9.
16	29.899	79.2	86.9	72.9	...	No. of fair days, 16.
17	29.899	80.1	88.0	73.5	...	No. of cloudy days, 6.
18	29.856	82.2	90.3	74.0	...	Dates of Lunar Halos, 10th, 13th.
19	29.819	82.8	91.3	75.6	...	Dates of Thunderstorms, 4, 6, 10, 11, 28.
20	29.830	81.0	90.0	76.8	...	MEAN TEMPERATURE FOR THIS MONTH IN 1873.....82.4 | 1880.....81.7 1874.....81.4 | 1881.....84.4 1875.....81.8 | 1882.....80.5 1876.....83.4 | 1883.....83.5 1877.....83.7 | 1884.....85.3 1878.....84.1 | 1885.....82.9 1879.....82.9 | 1886.....79.8
21	29.862	81.8	92.9	75.5	...	
22	29.959	78.6	81.3	74.3	.16	
23	30.019	78.0	87.4	73.1	.33	
24	29.983	82.6	91.0	75.0	...	
25	29.868	82.7	92.6	77.2	.03	
26	29.806	80.8	86.4	77.9	.10	
27	29.772	81.7	91.0	77.9	.04	
28	29.730	81.3	88.0	78.0	.03	
29	29.789	82.7	91.4	76.9	...	
30	29.861	81.5	90.0	77.3	...	TOTAL PRECIPITATION (IN INCHES AND HUNDRETHS) FOR THIS MONTH IN 1873..... 6.27 | 1880..... 1.22 1874.....12.93 | 1881..... 8.97 1875..... 6.57 | 1882..... 6.84 1876..... 4.73 | 1883..... 3.33 1877..... 6.41 | 1884..... 4.12 1878..... 6.21 | 1885..... 6.15 1879..... 7.04 | 1886..... 4.35
31	29.939	78.8	90.0	75.8	.33	
.....	
Sums	.....	.....	.....	.....	.....
Means	29.927	79.8	79.7	72.3	4.35	

M. HERMAN, *Sgt. Signal Corps, U. S. A.*

Mind your Eyes!

Translated (with the author's permission) from the French of

FRANCISQUE SARCEY,

—BY—

HENRY DICKSON BRUNS, M. D.,

Visiting Oculist to the Charity Hospital, New Orleans,

PUBLISHED BY

The New Orleans Medical Publishing Association.

This is a very charming little book; and, being little and being charming, the reader cannot relinquish it without having read it through. There results therefore, a very strong impression in favor of the book, and it may be rationally argued that one large dose of a small book is calculated to do more good than many homœopathic doses from a larger one. The effect produced is more vivid, and, if the subject is well handled, a more complete knowledge of it is attained.

Mr. Francisque Sarcey's chief object in thus writing is to warn myopic people to wear glasses in time, and thus to avoid the danger of cataract. As being himself the victim of very high myopia, and having, through neglect and ignorance of the impending danger, lost one eye and in the other suffered from a cataract, which was finally removed, he feels impelled to write out for the benefit of his fellow sufferers all the particulars of his case. He does this in a style at once simple and philosophical, and in the particular vein of humor so eminently French.

It would be very pleasant to give portions of his narrative here, but as the book is within the reach of every reader—and as every reader should certainly possess a copy of it—that is scarcely necessary. So far as the accurate scientific knowledge displayed in the little work is concerned, it need only be said that Dr. H. D. Bruns has given it the high sanction of his endorsement.

The New Orleans Medical Publishing Association has brought it out in large type and on excellent paper.—*Gaillard's Medical Journal.*

A dainty booklet, translated from the French of Francisque Sarcey, by Dr. Bruns, of New Orleans. It is the charming story of a near-sighted man who had the wit and the skill to portray his own sensations all through the revelations which befel him by the accidental application of his father's spectacles in a boyish prank to his myopic eyes, and his vivid recollections of a cataract extraction. It is a valuable lesson to advise our lay patrons to read it, and they will prove themselves doubly myopic if they cannot enjoy it.—*North Carolina Medical Journal.*

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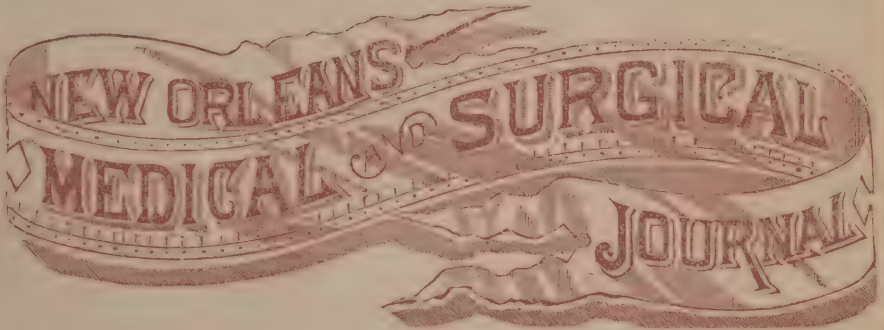
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*Paupum sepulta distat inertia
Celata virtus.*—HORACE

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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

OCTOBER, 1886.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

A Case of Purpura Hæmorrhagica in a Child of two and a half Years.

By DR. C. B. LANNEAU, of Charleston, S. C.

During the early part of June, 1885, the little patient, whose malady I will here endeavor to describe, came under my notice.

It is to be regretted that the entire history of the disease must be given from memory, as no notes were taken of the case. The little sufferer was my youngest child (a girl); a bright, merry blonde of two and one half years. I feel constrained to admit that if there be a favorite amongst my children she fills the bill, being more demonstrative and more inclined to hang around me than any of the others. Her illness so greatly grieved me and impressed me so thoroughly with the belief that she would succumb to it, that it entirely escaped my mind to note the different phases of the disease as they occurred.

If I had been asked a few days before my little one was taken down, to single out a typically healthy child, I would have pointed without hesitation to this one as an exemplar

of perfect health. I am quite safe in stating that she had never been sick in bed one day since her birth—had teethed without trouble—except having had once or twice a slight diarrhœa, which yielded very promptly to the remedies administered. I often boasted that she looked more like a child raised in the mountains than one which had never been beyond our city's limits. Two of my other children died during dentition, and a third almost took the same road. I wish to call attention to this previous good condition of the child because the books tell us how sudden is the onset of Purpura—and truly so in this instance.

When she first fell sick the symptoms seemed to point to a bilious attack and she was given a powder containing a little hydrarg. chlor. mit. and bi-carb. soda, which was followed by a small dose of Rochelle salt. This seemed to improve her condition for a day or two, but she was still far from well; dividing her time pretty evenly between her playthings and her lounge. As the weather was becoming quite warm she was put in a hammock, which hung in the piazza, gave a much cooler resting place than the bedroom could offer.

On about the third day of her sickness she cried out with pain in the lower extremities and seemed unwilling to move or be moved, notwithstanding she was handled with extreme care. It was thought best now to place the child in bed, where perfect rest could be maintained. Her condition should have been recognized as that of Purpura rheumatica but I confess that I failed to do so, and thought she must have caught cold in the legs whilst lying in the hammock. After the calomel and soda had been given her appetite seemed somewhat improved, but complete anorexia existed now; there was nothing which we could induce her to take, except some artesian water from one of our city wells, (which we invariably use in our family during the summer) and of which the following is an analysis by C. U. Shepard, Jr., formerly Prof. of Chemistry in the Med. Coll. of the State of S. C.

In 100 parts well water :

Bi-Carbonate of Soda	0.1435	} In 100 imperial gallons at 15° c. are contained about one and a half pounds Bicarbonate of Soda and one and a quarter pounds of Common Salt.
Chloride of Sodium.....	0.128	
Bi-Carbonate of Lime....	0.000273	
Bi-Carbonate of Magnesia.	0.0000323	
Silica.....	0.0000238	
Phosp. of Lime, Iron and Alumina	0.0000093	
Organic matter.....	0.0000467	
Free Carbonic acid.....	0.0018	
	<hr/> 0.27366	

There seemed to be a want in her system for this water, for her taste for it was certainly quite singular. None of my other children will touch it.

My wife now called my attention to some spots which had made their appearance on the child, which as soon as I had examined them I knew to be those of *Purpura Hæmorrhagica*. The ecchymoses were of every size—from a pin's point, and as much like a flea bite as one pea is like another, to double that of our semi-honest silver dollar.

There was now also the most violent and persistent vomiting that I have almost ever seen ; the matter vomited being grass green in colour and leaving a stain on the bed-clothes as though a paint-brush dipped in Paris green had been passed over them. The bedding had to be changed several times a day for several days. The bowels up to this time had been quiet. Pain in the abdomen began now to plague the little sufferer. She would lie still for awhile, then place her hand on the abdomen and cry out : " Oh, my stomach hurts me so ! "—would draw herself up, then toss about restlessly. I shall not forget her plaintive cry even though I should rival Methusela in years. Following these abdominal pains, there were frequent movements of the bowels all containing mucus, intermixed with blood, and which smelt very much like pepsin. Sometimes the evacuations were frequent and small, then *vice versa*. A mixture containing sulpho-carbolate of sodium was given at this time by the mouth and was retained occasionally. But as

it was not deemed prudent to worry the stomach, this was discontinued after the second day. Fluid ext. ergot with a little quinine and tinct. ferri chlor. were given per rectum, also a little brandy, as the pulse was quite weak. I recognized the fact at once that the child's strength must be kept up—that was paramount to everything else. I was determined that no stone should be left unturned in the effort to bring her through. Fortunately I was not busy at the time and gave almost all the medicines myself whenever I was at home, not even wishing to trust this to my good wife, fearing her sympathy was too great for the exercise of her, at other times, good judgment. As the stomach would retain nothing now, enemata had to tide the patient over the danger. Lister's bouillon formed the principal food supply—supplemented with Fairchild Bros. & Foster's peptonised tubes used with the milk.


The little one could not be prevailed upon to maintain the recumbent posture. She fretted so much to be dressed that it was thought best to do so—although contrary to our judgment—we did not wish to cross her. She would put on her shoes and stockings then remove them and repeat the procedure many times daily. We often wondered how she had the strength to do it.

After about the tenth day—perhaps a little later—the ecchymoses which were variegated, being greenish blue, yellowish green, etc., began to show that absorption was taking place, although slowly, and we congratulated ourselves that the child was about over the worst of her troubles. But œdema, mostly of the upper portion of the body, now supervened, accompanied with great drowsiness. The face was so greatly swollen at one time, and especially on the left side, that one would have almost failed to identify the child. She lay very quiet, only exclaiming with a feeble, whining voice, that her stomach hurt her so, and the shoes and stockings were allowed to remain untouched.

Throughout the whole course of the disease, I noted the temperature carefully, and never could discover a rise in it

The ecchymoses were limited entirely to that portion of the body below a line drawn around the lowest rib. Sometime about the fourth week these parti-coloured spots, together with the œdema, had paled considerably. Our little one had been drawn back, as it were, from the lip of the grave and convalescence seemed about to be established. The appetite, though capricious, was greatly improved and everything seemed to be working smoothly as if "on golden hinges turning" when lo! a far greater ecchymosis than ever before suddenly appeared. Our courage and our hopes seemed about to undergo shipwreck. Happily, however, beyond the appearance of the bloody effusion beneath the skin, no untoward symptoms were developed. Contrary to our expectations, the child steadily improved. No renewal of hæmorrhage from the bowels occurred and the danger signal ere long was lowered. During all this time, quinine, iron, ergot, Lister's bouillon, milk and lime water, sometimes with a little brandy, were given per rectum. When convalescence had become thoroughly assured, a mixture containing elixir calisaya with iodide syrup. Iron seemed to sharpen the appetite and add strength to a system greatly in need thereof. As we could not leave the city ourselves the child was not sent away, preferring that she should remain under our own eyes. Day by day her amendment progressed; the neglected playthings once more afforded amusement, and little by little perfect health again blessed the child with its unspeakable gift. Very little flesh, however, was gained until the appearance of cool weather.

The etiology of this disease and its anatomical lesions are so well described in text books (and journals) that I have not presumed to weary my readers with a reiteration of the same here.



Anæsthetics in Obstetrics.

By J. P. DAVIDSON, M. D., New Orleans.

“ In the obstetric art, speculation is of but little worth.” It has no place for the isms of the ingenious innovator, but must rest upon principles, which have stood the well assured test of the experience of the united profession.

When the wonderful results produced by the inhalation of ether, in surgical practice, were given to the world, it was a natural enquiry whether so efficient an agency in avoiding the pain of surgical operations, might not be availed of advantageously in overcoming the physiological pains of labor in woman.

Professor Simpson, of the University of Edinburg, was the first to use it in obstetrical practice. In January, 1847, he effected pelvic version in a case of deformed pelvis, under the use of ether, repeating the experiment subsequently in several cases of natural and of difficult labor, and on the 10th of February, communicated the result to the Obstetrical Society of Edinburg.

In November, 1847, he substituted chloroform for ether, finding it more rapid in action, giving the same results as ether, and that it was more agreeable in its administration to the patient.

Almost immediately after becoming acquainted with his observations, experiments were made with it by others in England, France, Germany and America. Accoucheurs became divided in opinion as to the propriety and safety of using an anæsthetic in contravention of the sentence passed upon the primeval parents: “ In sorrow thou shalt bring forth children.” Careful investigations of its effects were made by those who first advocated the use of Chloroform in the practice of obstetrics, in response to the doubts of many objectors.

Amongst the first questions which naturally presented themselves to their minds, in using anæsthetics in labor, there were some which receive a degree of light from recognized physiological and pathological facts, of such

were those referring to the probable continuance of the uterine contractions, notwithstanding the complete torpor of the voluntary muscles,¹ and the important assistance received in labor from the muscles of the abdominal wall.

Whether the same effects in fact would be produced on the muscles of organic life, as upon those of animal life. That if it was found that no such effect was produced, would not labor be retarded or effectually impeded by loss of assistance from the abdominal muscles.

Simpson found in his first experiment, the introduction of the hand and evolution of the foetus, that the action of the uterus continued, though sensation was fully destroyed.

He was acquainted with cases of complete paraplegia in which delivery took place with normal regularity and with but little sense of pain.

Every practitioner must have seen or read of women who gave birth unconsciously to children during the profound stupor of drunkenness, and we have seen labor accomplished in cases of eclampsia during the coma attending the convulsions, without the patient being at all conscious of the birth of the child.

It is quite probable, therefore, that the obtunded sensation produced by anæsthetics, resembling so closely, in many respects, the sleep of intoxication or the coma of eclampsia, might have its influence limited to sensation and to the muscles dependent on the nerves of animal life.

Numerous facts, physiological and pathological, authorize the belief that the momentary paralysis of sensation and voluntary motion, does not arrest the action of the womb.

As practitioners of midwifery, I feel sure that we can satisfactorily, to ourselves, at least, determine this question.

Opinions vary, however, among obstetricians on this point, as on many others. While some hold that neither ether nor chloroform possesses the power to suspend uterine

action, others contend that the contractions are weakened and even entirely stopped.

Among these conflicting opinions, I think it possible to arrive at the truth.

Whatever the precise truth may be, to an experienced accoucheur, no doubt can exist in his mind of its being a well established fact, that when chloroform is given so moderately as to obtund, and almost extinguish sensibility, without arresting the power of motion, or inducing unconsciousness, it has had no influence over the contractile power of the uterus, and that the labor is accomplished without suffering to the patient; but that when incautiously carried to complete anæsthesia, particularly in the early stage of labor, the contractions may be diminished in force and frequency to entire extinction.

Individual predispositions and susceptibilities determine, in some cases, the effect of chloroform. I have known a patient to be thrown into a state of profound stupor, in a very short time, when chloroform had been given in moderation. We all know that in many simple cases of labor the pains of child-birth are far from grave or terrible, and that women are often delivered without any great degree of suffering. In cases of this kind anæsthetics may well be dispensed with, in my opinion.

Dr. Simpson, and a large number of his countrymen, recommend chloroform unhesitatingly in all labors, whether natural or difficult. In France, on the contrary, its use is restricted almost exclusively to cases of difficult parturition.

I have always regarded chloroform and the hydrate of chloral as great blessings to women in protracted and painful labors not wholly due to inertia.

I am in the habit of using them to calm the great agitation and mental excitement which labor occasions in women of a nervous temperament; in cases of irregular contractions, when the pains are doing no good though almost constant; in rigidity of the neck of the uterus; in spasmodic action and in cases of eclampsia.

I think it a good rule governing one in the administration of chloroform in obstetrical practice, to abstain from using it unnecessarily in the early stages of labor.

If the patient is greatly agitated, or the continuous and irregular contractions harrass her, a dose or two of chloral may be given to calm her sufferings, with decided benefit.

In the second stage of labor, when the head of the foetus is engaged in the lower strait and the pressure on the perineum is very great, chloroform may then be given with very great relief; but even then it is not required to be carried to complete anæsthesia. A moderate use will render the patient insensible to pain, though she retains perfect consciousness of the parturient act.

TO RECAPITULATE:—

1. When chloroform is judiciously administered, in moderate doses, it does not interfere with the normal uterine contractions, and that whenever the anæsthesia is pushed too far, the cessation, or inertia, ought not to be ascribed to the agent, but to the abusive use of it.

2. Though not positively ascertained, the presumption is very strong, that unless the agent is carried to the point of complete anæsthesia, the abdominal muscles continue to aid by their contraction the expulsive efforts of the uterus in the terminal stage of labor.

EFFECTS UPON THE MOTHER'S HEALTH:—

Reasoning *a priori*, we might expect that the relaxing effects following the use of anæsthetics would be apt to cause an undue amount of post partum hemorrhage. My own experience confirms the correctness of the argument, not to any alarming extent, however, but I have had cases where I had to remove clots from the uterus before I could secure a good contraction.

I am aware that in all these instances, the hemorrhage may have been due to various circumstances, and that there was nothing to show absolutely that chloroform was the cause. Still, it is well to be aware of such occurrences to induce prudence in the use of the agent; for since, by too

large a dose, organic contractility has been suspended, why may not the same amount diminish contractility of tissue.

In those women who always flow abundantly, the undue use of anasthetics might seriously embarrass the treatment.

In practice, these facts should be kept in mind, and immediately upon delivery, a dose of ergot should be administered, so as to secure efficient contraction of the womb.

Accoucheurs who advocate the use of chloroform, with great unanimity, concur in the declaration that it has never in the least prejudiciously affected the health of the mother, whilst, as a universal experience, it had spared them the agonizing, and so much dreaded suffering of the last expulsive pains.

With the cautions enjoined in the use of chloroform, we may justly claim for it a safe and efficient means of not only abridging the duration of labor, but of materially mitigating its sufferings, and preventing shock.

Another indisputable benefit of chloroform is that of facilitating obstetrical operations, without which the uncontrollable movements of the agonized patient interfere greatly with the operator, but the calm of insensibility under its inhalation, enables her tranquilly to undergo the severest operations.

I am confident that chloroform has no bad effect upon the life and health of the fœtus.

In the vast majority of cases, the new-born infant presents the natural and usual appearances; its cries are quite as loud and distinctly heard, and its viability is in no-wise diminished.

The beneficial effects of chloroform in the treatment of eclampsia, has, I believe, the undivided sanction of obstetricians, as lessening the frequency of the convulsions, and sometimes putting an end to them altogether.

It should be promptly administered at whatever stage of labor the convulsions may occur, and in those that follow labor, its use should not be abandoned too soon after they have altogether ceased.

Hysteria in Children due to Malaria.

By J. H. BEMISS, M. D., New Orleans.

It is a fact, in the natural history of Malaria, now quite generally acknowledged, that this poison varies in its manifestations in the human subject from year to year. For instance, one year intermittent fever will be the type most prevalent in a given locality; another season, remittent attacks or malarial coma will abound; while in a third, we will see phenomena so odd, so unusual, that it is only after prolonged observation that we can announce them as produced by malaria.

Many have been the reasons assigned for these differences in the action of this poison. In the present state of our knowledge, explanations are of necessity theoretical, but as in much theoretical reasoning our conclusions seem quite plausible. Thus we say that:

1. Malaria varies in quantity from year to year, because of different meteorological phenomena attendant upon its production.

2. For the same reason, though not necessarily greater in quantity, it may be more virulent in nature, or have some other such quality attached to it.

3. Again, though not in itself different in quantity or quality from former seasons, certain meteorological conditions may cause it to vary in its effects upon man.

4. To end our speculations, we may say finally, a peculiar susceptibility or certain other idiosyncrasies may determine the form which an attack of malarial may assume.

It is because of this ignorance of the nature of the malarial poison, and of the part played by such factors as we have just mentioned in determining its character, that we so often fail to ascribe to it effects which are properly produced by it, or on the other hand, fall into the opposite error of attributing too much to it.

This refreshing of your memory by the repetition of facts already known, is made simply as an explanation, or, if you will, an excuse for the course taken in the following case.

I was called May 21st, to see a little boy age six years, who had been ailing for some four or five weeks. At various times during this period he had been prescribed for by an eminent physician who was visiting another patient in the same house. This physician had looked upon the boy's trouble as malarial, and the basis of his treatment was quinine. About two weeks before I saw the little patient, he began to complain of pain in his abdomen and around his waist. It being supposed that he had worms, he was given a course of santonin and calomel, but with no result as far as finding entozoa.

When I saw him, he presented the appearance of a child that was suffering, or had suffered with malarial fever. He was pale, reduced in flesh, and very peevish. His tongue was pale and slightly coated. His temperature was $99\frac{1}{2}^{\circ}$. His mother told me that the pain which had been first located in his abdomen, had gradually descended to his thighs, then his knees, and finally to his feet, where it was at the time of my visit. As I noted it, however, it was not a pain, but an excessive hyperæsthesia. There was no swelling whatsoever, and no apparent local elevation of temperature, but whenever anyone touched his right foot, or when he put it to the ground, he seemed to suffer extremely. He had complained of his left foot, but it did not seem to be troubling him much at this time. In any changes which occurred in the case his mother could not recall any periodicity. When asleep the boy occupied any and all positions, but he was very fretful and restless.

I thought the disorder was malarial in nature and I gave the child quinine in moderate doses, together with bromide of potassium, this latter especially at night. During the next three days he seemed to improve, for at my next visit he was able to walk to me, in a limping unsteady manner it is true, as before, but he did not suffer so much pain. I instructed the mother to keep up the treatment, and to let me know how the boy progressed. Two days after I was sent for early and found the boy in bed lying on his back

with both feet lifted from the mattress and the thighs flexed upon the abdomen. He would scream if anyone even offered to touch either of his feet, and was crying as if there was a constant pain in them. You will observe both of his feet up to the ankle but especially the plantar surfaces and toes were now affected. This condition came on about four o'clock in the morning, quite suddenly. A careful examination revealed nothing to lead to the supposition that any inflammatory changes existed, except that his temperature was $99\frac{1}{2}^{\circ}$. All reflexes were normal and there were no indications that any changes were going on in the spinal cord or its covering. When two days had brought no confirmed improvement, the boy would get better and then worse again at irregular intervals, I asked for a consultation, and Dr. Logan was called. After a most careful examination he concluded the trouble was malarial attended by a hyperæsthesia of the peripheral nerves. He advised quinine in larger doses, and suggested small doses of calomel. The boy remained in about the same state for two days; on the morning of third day, I found him complaining as usual of his feet, but also crying with the same sort of trouble in his left hand, which he insisted upon having wrapped up, especially the middle finger.

Dr. Logan saw him again on this day. In the course of another careful examination some slight preputial adhesions were broken down, but neither of us attributed any importance to that condition of his penis.

Not to make this paper too long, suffice it to say, that the patient did not improve to any great extent and a few days later passed out of my hands.

The case puzzled me a great deal, for though impressed with the fact that it was due to malaria, it was not clear to me how to explain the pathology, until in looking for some parallel cases, I found in Henoch's Lectures on Diseases of Children, a chapter on Hysterical Affections of Childhood, containing several cases so similar to mine, that I hesitate no longer in styling my case *Hysteria due to Malaria*.

Henoch divides his cases into four categories, as follows :

“The first category includes those cases in which the psychical symptoms, viz : complete or incomplete loss of consciousness, hallucinations delirium, predominate. Almost all the symptoms described under the name of catalepsy or eklipsis, belong to this class. Consciousness is suddenly lost, the children remain standing or sitting with a fixed stare ; occasionally they fall if not supported ; more rarely they are able to go around in a semi-conscious state, as if in a dream, at times muttering unintelligible words. In other cases the eyes are closed, the expression of the face unchanged, the color pale, but the normal character of the pulse and the unchanged temperature distinguish this condition from fainting. After a few seconds, at most, several minutes, everything is over and the patient is entirely restored.”

“The second category includes those cases in which convulsive symptoms predominate ; they are either confined to a definite region especially to the vocal organs, or may more or less affect all the muscles of the body.”

“The third category, in which spasms occur paroxysmally as cöordinated movements (jumping, climbing, running, etc.,) either at indefinite intervals, or according to a definite type, are the most surprising, and therefore readily regarded as simulated. During the intervals a change is observed in the character, viz : great irritability, unusual cheerfulness, and more often a tendency to cry.”

The fourth is the “category in which sensory and trophic disturbances play the principal part, while the motor symptoms are entirely in the background.”

This last form is the most infrequent according to Henoch, as he had seen only three cases of this kind, but it is to this variety that my case belongs. This is his first case. “G. K., age six and a half years, examined May 2, 1878. Healthy child ; had measles four weeks ago. Two weeks ago another boy fell upon the patient’s abdomen while scuffling. A week later pains began in the abdomen,

and continually increased in severity so that the child cried aloud, and tossed from one side of the bed to the other. The crying and rolling around gradually became so prominent that the pains subsided into the background. The frequency of the paroxysms increased daily and were interrupted only by short intervals of complete euphoria. Temperature 38° to 38.5° C. (about 101° , F.); pulse frequent, tongue coated, foetor oris; urine abundant, dark-colored, normal; evacuations regular; anorexia. Nothing abnormal was discoverable in the abdomen; intense hyperæsthesia of the skin of the abdomen and the entire surface of the thorax, so that severe pains were produced by picking up a fold of the skin. Treatment: lukewarm bran-baths, muriatic acid, morphine at night. May 3: diminution of the frequency and intensity of the paroxysms; scarcely any urine passed in last twenty-four hours, except in evacuations from bowels. Hyperæsthesia unchanged, and is now also present in the face in the distribution of the first branch of both trigeminal nerves. May 4: rapid diminution of hyperæsthesia and attacks of pain, abundant discharge of urine and fæces, tongue clean, appetite, no fever. May 8: complete recovery."

The basis of the treatment employed by Henoch, is tonics, change of scene, warm baths and opium. He especially favors this last measure. Nearly all of his cases were of long duration, some as much as six or eight weeks, but they recovered perfectly in the long run. The little boy whom I treated is now perfectly well, but under what treatment I do not know, as he passed into the hands of a homœopathist.

I was sent for June 19th, to see a little child, aged 20 months, whom I had treated for genuine malarial paroxysms of quotidian type. These had been broken with quinine, but the child had not rallied rapidly. At this visit, his mother was especially exercised at the condition of the child's feet and legs, which, she said, were so *sensitive*, that he would scream if she touched them, or of-

ferred to place him upon them. Unless they were touched, he did not seem to suffer. He was very fretful and did not sleep well at night, though he did not have any fever at my visits, nor did his mother think he had any at other times. I gave him two grains of quinine three times daily for two days, followed by a tonic of iron, arsenic and bark. At night he was given one grain of Dover's powder, to be repeated in three hours, if necessary. He also had a warm bath twice daily. He got over this condition in about a week. I looked upon this case were one similar to the first, for I hardly think these pains were simply due to muscular soreness of malaria, for it was confined to his feet and his legs, and did not extend to his thighs, his arms or his back.

Boracic Acid.

By HENRY DICKSON BRUNS, M. D., New Orleans.

There have appeared in the journals lately, two articles, which have interested me greatly. One, a paper by Dr. Jas. L. Minor, in the *New York Medical Journal*, on Boracic Acid Powder in the Treatment of Granular Lids; the other, entitled simply Boric Acid, by Dr. J. T. Searcy, in the *Alabama Medical and Surgical Journal*.

Dr. Searcy begins his brief but suggestive paper by saying: Boric (or Boracic) Acid fills a place as an antiseptic that, for cheapness, pleasantness, ease of application, and efficiency, I do not think is fully appreciated. He then goes on to speak of the use of the acid in impalpable powder (and in all I shall say of this drug I refer to its use in this form only) as an antiseptic application to fresh wounds, to gangrenous tissues, to sores and cancerous ulcers, and to call attention to its power of healing and of destroying stinks; to the fact that it can be dredged upon any lesion in any quantity from a common pepper box, and that it gives no discomfort to the patient.

To the truth of these assertions, that it is a powerful deodorizer, an excellent astringent and stimulant to granula-

tion tissue, I wish to testify. I may add that to me it seems *the* detergent *par excellence*, and further, it has the virtue of being without disagreeable or tell-tale odour of its own.

Busied with the duties of a special practice, I have had neither time nor opportunity to experiment with the drug, or observe its action in such cases as Dr. Searcy mentions; but a few years ago I had some of the resident students at the Charity Hospital to apply the powdered acid to the common chronic leg-ulcers, which abound in the surgical wards. As I was unable to oversee the experiments closely, they were carried on in a careless manner, but I was able to convince myself that under the use of the powder, together with the usual adjuvants of strapping and rest in an elevated position, the ulcers lost all bad odour, rapidly cleaned off, and the granulations put on a bright and healthy look.

With the use of the drug in two diseases of the ear, however, I have had ample experience, and can speak of its virtues in no uncertain tone.

I was made acquainted with boracic acid and the method of its employment in chronic purulent inflammation of the middle ear by Dr. Chas. Burnett, in 1881, at his clinic in Philadelphia. Used according to his teaching, and his methods are ever exact and painstaking, the drug has proven absolutely trustworthy. True, I have met some men and read the reports of others, who had tried the remedy and been disappointed; but I feel sure that the fault lay more in the mode than in the means.

For a description of chronic purulent inflammation of the middle ear and the means of its recognition, I must refer my readers to the work of Dalby, of Pomeroy, of Roosa, of Burnett, of Politzer, or any one of the excellent modern text-books on diseases of this organ; the treatment with boracic acid is after the following manner:

All pus contained in the meatus is gently, carefully and completely wiped away with a bit of absorbent cotton

twisted on a cotton holder—a bit of stick. Any pus remaining in the middle ear is then expelled by Politzer's (preferably) or Valsalva's method of inflation and again removed from the meatus by the cotton, and this is repeated until the ear is absolutely clean. Enough acid to fill the meatus to about one-fourth its depth is taken in the quill of a powder-blower (a tooth pick, the long end cut off, inserted into a foot of small india-rubber tube) and with a sudden but gentle puff blown against the membrane. A light pat on the powder with the blunt, rounded end of some instrument and the operation is completed. This method of blowing in a moderate quantity of the powder is better than packing the meatus, I think. I once packed the meatus so tightly with the powder that pus, too small a quantity to melt away the mass, accumulated in the middle ear and gave trouble. Those who complain that all the powder flies back into the operator's face, simply confess to not having the knack of insufflation. On the second day your patient will present himself with his ear discharging as freely as ever, but the fœtid odour will be gone. The whole process of cleaning and filling must now be carefully repeated and after a day or two some of the powder will begin to stick; then the whole mass, for two or three days, a week, a month; your patient's visits become rarer and rarer; your object has been attained. At the end of six weeks or two months you may venture to scrape the powder away carefully with a curette or any bit of bent wire. You will probably find the ear dry; the membrane less red, normal perhaps, and the perforation, if it were not very large to begin with, closed. If it be not, refill the ear with the powder and keep it filled. You may be sure that when the ear middle is again exposed to the air you will again have suppuration.

Part of the good effects of the powder is indubitably due to the manner in which it closes the perforation and protects the delicate lining of the middle ear, for Toynbee had good results in these cases with finely powdered talc.

I have now under my care a patient who had for more than twenty years a slightly suppurating ear; the whole membrane and all the small bones, save the stapes, are gone. Five years ago I treated this ear in the manner just described. It never discharged or caused the slightest discomfort until this Spring, when it became somewhat painful and began to discharge a drop or two daily. Examination showed that all the powder put in so long ago had come away. So treatment was resumed and after about a week the powder again remained in place and the disagreeable symptoms vanished. I could recite many similar cases. Of course the treatment fails sometimes, but when it does I make another examination expecting to find that I have overlooked a spot of carious bone, a small polypus, or something of the kind and my expectations are usually realized.

The other disease of the ear for which I have come to look upon boracic acid as almost a specific, is the inflammation produced by the growth of the fungus *aspergillus*. For symptomatology, etc., I must again refer to the previously mentioned authors. In our warm, damp climate, the parasite is very common and every practitioner whose patients do not live within reach of an aurist, should familiarize himself with its appearance, both growing in the ear and under the microscope.

Most methods of getting rid of the fungus are either decidedly painful, or ineffacious, and therefore tedious, or both. The treatment with boracic acid is painless, quick and satisfactory. The diagnosis being confirmed by the microscope, the affected ear is washed out with a pint of lukewarm water holding in solution one of Wyeth's compressed tablets of mercuric and ammonium chlorides (a 1 to 1000 solution); gently and thoroughly dried with absorbent cotton on the cotton holder and filled with the powdered acid by the powder-blower. In twenty-four hours the acid will have melted down and run out, carrying away much of the fungus with it. The syringing and insufflation are repeated until the powder sticks, when it is allowed to remain

as long as it will. This is an important point. The acid produces no discomfort, but prevents the recurrence of the growth from some lurking spore, so apt to take place after most other plans of treatment. Should the walls of the meatus be much excoriated, a ten grain to the ounce solution of nitrate of silver is instilled, the patient resting his head upon a table with the affected ear uppermost, or applied on absorbent cotton if a perforation in the membrane exists.

Some, I know, will be ready to ascribe all the good effects produced to the bichloride solution, but I have had many a case to recover promptly and perfectly under insufflation of the powder alone, and where there is perforation of the membrane I never use the bichloride solution. Of course the bichloride is a most powerful adjuvant to the acid; indeed, that it alone is quite equal to the task of destroying the fungus, I know by experience. The advantage of the acid is that it may be left in the ear and so ensures us against relapses.

To return now to the paper of Dr. Minor. Having observed the happy effects of the powdered acid on granulation tissue in the ear, on ulcers of divers parts of the body, and on the swollen and inflamed mucous membrane of the nose, the doctor was led, as early as 1882, to make trial of the drug in the treatment of that wearisome and unfortunate condition—granular lids, (trachoma, papillary conjunctivitis), and in various forms of conjunctival inflammation. The results were gratifying. The palpebral conjunctiva rapidly became smoother, and thinner; the lids freer and lighter; the patient in every way more comfortable. The beneficial effects last from a few hours to several days. The application is made by everting the lids fully, dusting the powder thickly over their conjunctival surfaces, and then inverting them so as to include as much as may be of the acid. The frequency of the application will vary from three times a day to three times a week. Its immediate effect, says Dr. Minor, is to produce a burning, gritty sensation, with some pain, lasting

from five to twenty minutes, and a free serous discharge. All of this I can confirm, but I am inclined to call the pain *severe*, and the discharge *very profuse*.

Of course Dr. Minor does not assert that the remedy is "wonderful," or "specific," or anything of the sort, but he has found it useful during the treatment of a most intractable condition, in which we are forced to ring the changes on all available drugs. These observations of Dr. Minor have especially interested me; for though he says that he relies but little upon the powder in purulent cases, I used it in two cases of severe purulent conjunctivitis, both of which I believe to have been gonorrhœal, with what I must consider a happy effect.

It was an experiment on my part, for at the time I did not know that boracic acid in substance had ever been used in the eye. I quote the cases from my ward book at the hospital.

CASE 1.—D. S., German, labourer, æt. 25; applied at clinic, Feb. 7th, 1884. Has had malarial fever for five months. L. E. began to get sore two days ago. Began with a slight soreness; this increased daily until it reached its present condition. Can assign no cause. Has not now, and says he has not had lately, gonorrhœa.

L. E. lids and surrounding skin red and much swollen. Bulbar and palpebral conjunctiva very much injected and chemosed. Cornea intact; iris and pupil normal. Great pain; free purulent discharge. V cannot be taken. R. E. very slight injection of bulbar conjunctiva V=20-L.

Treatment: iced compresses; eyes washed out with saturated solution of boracic acid every hour; powdered boracic acid dusted on everted lids once daily.

Feb. 8th. L. E. no change. R. E. slight conjunctival injection and secretion.

Feb. 9th. L. E. chemosis gone; swelling of lids subsided; scarcely any secretion; can open the eye fully. R. E., inflammation has not advanced.

Feb. 11th. Yesterday the injection in R. E. had not advanced at all. L. E., very little secretion; chemosis gone; few subconjunctival ecchymoses. To-day, injection of R. E. scarcely perceptible; in L. E. very slight; a couple of subconjunctival ecchymoses near corneal limbus.

Feb. 13. Only very faint injection remaining in L. E. No secretion from either eye. On discharge, V., R. and L., =20-L (H. H. As.)

CASE 2.—C. R., native of New Orleans; pedlar; æt. 19; came to clinic, Jan. 30, 1885. Is suffering from gonorrhœa and thinks some of the matter must have gotten into his eye.

L. E. lids red and somewhat swollen; bulbar and palpebral conjunctiva very much swollen and secreting a thick pus; cornea clear. V.=R. 20-xx. L. 15-cc.

Treatment: iced compresses; washed every hour with saturated solution of boracic acid; powdered boracic acid every morning.

Jan. 31. L. E., condition unchanged. R. E., slight injection, and a little pus in inner canthus. Order same treatment as for L. E.

Feb. 1. L. E., condition unchanged. R. E., injection gone; no purulent secretion.

Feb. 2. L. E., œdema subsiding; when powder dusted in, complains of great pain and burning; slight chemosis still; secretion diminished.

Feb. 6. Œdema and chemosis disappearing; secretion very slight; no pain.

Feb. 7. A good recovery.

Note.—The boy left the hospital of his own accord yesterday morning. Conjunctiva was slightly chemotic and injected; some slight secretion; but practically well. It is to be noted that the powdered acid seemed to cause much pain.

It will be suggested that the cold applications and the measures ensuring perfect cleanliness were the efficient factors in the cures, but the rapid and perfect recoveries (especially in case 2, which was indubitably gonorrhœal), are against this view.

I regret that I can not cite a larger number of cases, but the truth is that the treatment being experimental I have not dared to try it save in the favourable cases, *i. e.*, cases which came under my care in their very beginning and in which the cornea was not involved. Such cases are rare in my clinic.

One swallow does not make a Summer, but might it not at least suggest the Spring? Two cases prove nothing; if

the principle of treatment be correct, they may afford a useful hint.

Although this drug is placed very low in the list of germicides, the suggestions gathered from the articles cited; the facts that it is powerful against aspergillus, and that Searcy has found the moist powder, rubbed in with the finger, equally destructive to the ring-worm fungus; that when applied to granulating surfaces or swollen and inflamed mucous membranes, it promotes a free flow of serum, and so acts as an excellent astringent and stimulant to the parts, and at the same time dissolving in the out-poured fluid, converts it into an antiseptic lotion; that while it thus favours healing, it is the only agent of this class that may be applied to open wounds and granulating surfaces in such quantity as to exclude them from the air, without menacing the organism with the slightest danger or discomfort from its absorption; seem to me to point out for boracic acid a much larger field of usefulness in practice than it has yet enjoyed.

HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

CASE OF EMPYEMA, PARACENTESIS THORACIS.--RECOVERY By A. T. BEAUCHAMP.

On the 10th of May I was requested to call and see L. C., aged eighteen years, a native of Louisiana. It appeared, that two years before, he had been attacked with inflammation in the chest. As far as I could now judge from a description of the symptoms, he had on that occasion been affected with pleuro-pneumonia of the left side. The pain was said to have been principally confined to one spot, and had been of such an extent as could be covered with the hand. By the medical man who attended him at the time he was bled, blistered, and had taken the various internal remedies

usually employed under such circumstances. The acute symptoms were by these means relieved, but his general health continued indifferent. His appetite was deficient, and although so weak as to walk about with reluctance, he was under the necessity of returning to his employment in a grocery, where he remained for some weeks, until his rapidly declining health no longer permitted his continuance. From this period he fell off, and about twelve months ago occasional shiverings were experienced accompanied with increase of the difficulty of breathing; the left side of the thorax was shortly afterwards observed to be more prominent than the right. All these symptoms increased in severity, until about six months ago, when, after experiencing a violent paroxysm of dyspnœa, a large quantity of pus was discharged by the mouth. The immediate relief that followed was great, so far as respiration was concerned, and for a month after this he expectorated a considerable quantity of purulent matter daily, amounting sometimes to nearly a pint.

I found him reclining on the left side, with an emaciated anxious expression of countenance, and unable to turn on his right side without experiencing a considerable aggravation of his cough, dyspnœa and expectoration. The left side of the thorax was much enlarged, measuring from the spine to the sternum fully two inches more than the right; there was no œdema of the chest; face, or upper extremity.

On auscultation no sound was detected over the entire left side, and so much distress was occasioned by any attempt at turning him, that the state of the posterior part of the chest was not ascertained. While making the attempt, however, two mouthfuls of pure pus were expectorated. The *timbre métallique* was imperceptible. Percussion was dull throughout. As might have been expected, respiration in the right lung was puerile, and at the upper portions bronchopony was heard. The apex of the heart was situated an inch and a half to the right of the sternum; dur-

ing respiration there was no movement whatever of the left side, the respirations were 32 per minute.

There were neither diarrhœa nor night sweats and the evening exacerbations of temperature slight; but these were the only favorable features of the case. In every other respect it was most hopeless, and it was evident that the patient under the circumstances could not survive many days; it was deemed proper to propose the operation of paracentesis thoracis. However small our hopes of ultimate success might be, evidently his only chance of even temporary relief depended upon its being performed.

In the mean time he was ordered an occasional glass of port wine with a cough mixture. I returned the following morning. Made an incision between the sixth and seventh ribs, to the extent of two inches, divided the cellular membranes and muscular fibres and penetrated the cavity of the pleura by means of a trocar, and evacuated about three quarts of pus of a healthy appearance. The pleural cavity was then cleansed by the injection of tepid water, to which a very small quantity of carbolic acid (about one per cent) was added. The lips of the wound were brought carefully together by means of a compress and bandage. An anodyne ordered and the wine continued. A tablespoonful of the following mixture was likewise given.

R. Quiniae sulphatis.....gr. xxx.
 Acid. sulphur. arom.....ʒj.
 Aquae.....ʒvi.

At eight in the evening he was found to have vomited the wine which was therefore discontinued and spirits substituted. He felt easy and comfortable but complained of occasional vomiting, which seemed to be occasioned by spasmodic action of the diaphragm. He had not coughed since the operation, the temperature was 102° F. and the pulse 87.

May 12th.—Has passed a good night, and is now able to turn on his back and right side which he has not done for months before. Has no cough, and even expresses an inclination for food, but the vomiting continues. For this he

was ordered to take three drops of dilute prussic acid. It did not return.

Under the treatment and nourishing diet he improved rapidly; and recovery followed without reaccumulation. In conclusion, I may add that the patient was under my treatment for about three months, and at the end of that time he was in perfect health; and discharged cured, August 14th, 1886.

A CASE OF MENINGO-MYELITIS.—CURE.

Service of DR. ARCHINARD.

Reported by J. T. DEGRANGE, Resident Student.

George Meyer, aged 31 years, born in Louisiana, is a laborer by occupation; habits moderate, gives the history of a chancre without any symptoms of syphilis following. Was admitted to hospital on April 3, complaining of pain in the back and lameness of both legs. He walked to hospital; but upon leaving the clerk's office stumbled and fell, and had to be carried to ward. Patient was first admitted to ward 27, and on April 6, was transferred to ward 30.

His history is as follows: On April 1, while working as a fireman at a fire, he was wet from head to foot, in which condition he remained without changing his clothes. Noticing a little uneasiness in his gait he applied to hospital for relief on April 3, two days after.

On admission, patient did not complain of any very severe pain. States that at intervals it seems to him as if every thing was turning before him.

Upon examination, he is found to suffer with the belt-feeling at level of anterior spine of the ilium; at a point corresponding to the first lumbar vertebra there is increased pain and tenderness on percussion, pressure and motion; the back is stiff, and all motions of the spine give rise to pain; both legs feel as though they were burning, and at times he has sudden shooting pains all over lower extremities; there is marked hyperalgesia and hyperæsthesia with almost complete paralysis and some muscular atrophy;

the temperature of affected parts is higher than that of rest of body. Paralysis of sphincter ani and vesicæ is present. There is a slight elevation of temperature, and bed-sores have formed rapidly in last two days.

Evening of April 8, I was called up to ward to draw patient's urine. Urine had to be drawn thereafter until April 18, when he urinated about $1\frac{1}{2}$ pints in a steady stream. After this day patient's bladder kept in good order throughout. On April 20, patient began having control over the rectum. On morning of April 12, temperature of the legs and thighs seemed to be about the same as that of the rest of the body.

Began on the morning of April 7, and continued to give twice daily, morning and evening, by hypodermatic injection, 1-200 gr. of the sulphate of atropia and 1 gr. of ergotin, until May 26, when patient was able to sit alone in a chair.

On May 30, began the application of the Faradic battery. Applied the battery from thigh to the toe, every other day, for about ten minutes each time, until the latter part of July. In the beginning of the month of June, patient was able to walk up and down the hall by the aid of crutches. About two weeks after using crutches, he used one stick and from this time on, began a steady and decided improvement. At present, September 13, 1886, patient is able to go up and down stairs alone, mount a street car and walk about seventeen or eighteen squares without fatigue, though there is still some stiffness in his gait. On April 30, began the following prescription, which is still given:

R. Potassii iodidi.....
 Potassii bromidi.....aa ʒij
 Syr. sarsa. co..... ʒj
 Aquæ.....q. s. ad ʒij

M. Sig. 2 teaspoonfuls three times a day.

A CASE OF GENERAL NEURITIS.—CURE.

Service of DR. ARCHINARD.

Reported by J. T. DEGRANGE, Resident Student.

Bernard Underhill, aged 35 years, born in New Brunswick, was admitted to the Charity Hospital, January 11,

1886, suffering with malarial intermittent fever ; no history of nervous disease in his family ; his habits are good, he has never had syphilis. On day of admission he was taken to bathroom and while in the bath-tub the hot water was turned on and his back scalded. The burn was superficial and extended on left side from the scapula to the crest of ilium. He was taken to a surgical ward, where he remained until the latter part of March, when he was transferred to the nervous disease ward, when the following history was recorded, on April 2, 1886 :

From the time of the accident related above, to date, patient has never left his bed, first, on account of his burn and fever, and then on account of a paralysis which had gradually begun in the upper extremities and then involved the lower extremities. This paralysis which began towards the latter part of February, attacked first the right hand and arm, and was accompanied by feelings of numbness, burning and formication ; in a few days, extended to the left arm and hand, and by the end of March had involved the two legs. Upon examination, marked paresis with flabbiness of the muscles was noticed, feelings of formication and burning in affected parts were complained of. Tactile sensation and sensation to pain were present, though much retarded, the muscular sense almost lost ; incoördination well marked ; no atrophy of muscles ; absence of the tendon reflexes ; bladder and rectum unaffected ; patient has a slight evening fever intermitting in the morning ; this is easily subdued by a few doses of quinia ; mind clear ; no tenderness over spine upon percussion.

By the combined use of electricity, the faradic current, to which the muscles answered but feebly in the beginning, and a mixture composed of iodide and bromide of potassium, grs. vijss, the patient gradually improved and in five or six weeks was perfectly well, assisting the nurse in the ward.

CORRESPONDENCE.

NEW ORLEANS, September 13th, 1886.

Editors of the N. O. Medical and Surgical Journal:

DEAR SIRs.—In reply to your letter of the 9th inst., I would respectfully state, that having embodied in my report to the Board of Health, my testimony in regard to the cases of fever in Biloxi, recently, it would be impossible for me to say anything further on the subject which could be of any interest in a purely medical view.

I take pleasure in enclosing herewith, a copy of my report to the Board of Health, and thank you for the courtesy conveyed in your request.

Yours very truly,

JOSEPH HOLT, M. D.,

President Board of Health, State of Louisiana.

APPENDIX.—Extract from Dr. Holt's report.

Upon the hearsay of rumor, and finding the city of New Orleans and her people along the sea shore of the Mississippi Sound reported as menaced by disaster, failing to receive a speedy reply to telegrams sent, with your secretary, Dr. L. F. Salomon, I visited the town of Biloxi, in Harrison county, Miss., to ascertain by personal investigation the ground of alarm that yellow fever had appeared there.

We reached the place after nightfall last Tuesday, August 31.

The following morning, in company with Dr. T. S. Scales, Health officer of Mobile, who had arrived during the night, we made a searching and complete examination, omitting no point of detail, besides hearing all available testimony, including that of gentlemen of unimpeachable integrity and of large experience in all that appertains to the outward signs of yellow fever.

Mindful of our official obligation, coolly and dispassionately we arranged the testimony, and weighed it with the

utmost care. We then sent to you the following telegram as the only conclusion deducible :

“BILOXI, Sept. 1, 1886.

“DR. S. R. OLIPHANT, Board of Health, New Orleans :

We, the undersigned, have made a thorough examination of the seven convalescents, also of one patient now ill, and have obtained the clinical histories of the two persons who died last Sunday, Aug. 30. The sum of evidence indicates yellow fever as the cause of illness.”

Having furnished you in full a detailed statement, let us now briefly generalize the evidence.

During the latter part of August, on the sea shore of the Gulf of Mexico, a universal highway, in a town at the time perfectly healthy, and whose citizens have proclaimed as a special inducement, their singular exemption from malarial fevers of any kind, a white lad, apparently in perfect health, went to bed as usual, and about 11 o'clock at night, was seized with a chill, followed by fever of one paroxysm and three days' duration. Headache, pain in back and limbs, nausea, subsequent convalescence and no further trouble.

In the same house, within a period of seven days later, five other persons were stricken, all of them presenting a combination of symptoms identical with the first, differing only in duration, intensity and result.

During the same period, and in another house, twenty-five yards distant, four persons were taken ill in quick succession, in precisely the same way.

Six days later, a lady in a house closely neighboring, who had nursed the sick and prepared the dead in the stricken families, was also taken in the same manner.

The evidence, therefore, embraced the history of eleven white persons who had never had yellow fever, living within a few yards of each other in the enjoyment of good health, suddenly and without apparent cause, taken with a fever of one paroxysm, lasting from thirty to seventy hours.

This fever, while in several cases mild, was in others reported as intense. It was ushered in generally with a slight chill, declaring itself in many of the cases between the hours of 6 in the evening and 6 in the morning, and was invariably associated with pains in the head, back and limbs, nausea, sometimes persistent vomiting.

In the severer cases the convalescence was characterized by great feebleness and a peculiar calmness and languor.

The pulse of a convalescent adult was, at the time of our visit, sixty per minute.

A red-edged and pointed tongue, a yellowish tinge of skin and conjunctiva was manifested to our eyes. A girl of 15 had the fever three days. She would take no quinine, the doctors said. The fever passed off of itself. After passing two days in a calm stage, with no fever, she died. Parents state she lay in a drowsy condition, but could be aroused by the doctor.

In the neighboring house, at the same time, a lady was taken at 11 o'clock at night, with violent headache, pains in back, in limbs, high fever. She had nausea, vomiting and delirium. Fever was said to have passed off after two days' duration, after which she had two convulsions; vomited one copious ejection of black matter and blood, which was expelled by a convulsive action of the stomach, without apparent effort of vomiting, immediately before her death, which occurred on the fourth day of illness. After death jaundiced and ecchymotic patches about face and neck.

We obtained this information, a plain recital, from her husband and brother. We also saw sheets of her bed, liberally soiled with dark red and the peculiar dirty black spots unfortunately familiar to our eyes, and declared to be the matter vomited.

The husband and brother testified of this lady, and several citizens of both patients, that they were decidedly yellow after death.

Since the date of our report seven persons have been taken ill with the fever, fortunately of a mild type.

Of the ten cases which signaled the outbreak of the disease, and previous to disinfection, two died. Of the eighteen cases nine were of one household, four of another, and the two houses, as stated, only twenty-five yards apart.

* * * * *

The attending doctor carefully examined the urine for albumen, he declared.

When asked by myself what test he had applied, he informed us that, having at the time no special appliances about him, he held the vessel up to a bright light, but could see nothing unusual.

All of which was eminently satisfactory to his *confrères* in consultation, who contemptuously ignored the idea of yellow fever as uncalled for and false, "to be ridiculous and unjustifiable."

The doctor had seen nothing vomited of a dark kind, except a little wine he had given, which had slightly stained the sheets.

He used the thermometer constantly, he said, particularly on one patient who had "a high fever." The instrument indicated from one hundred to one hundred and one; may be one hundred and one and a half degrees. I am simply giving you his clinical data as furnished us.

Neither he nor his associates in observation saw any yellowness of the cadavers nor other circumstances to justify the notion of yellow fever.

The sudden outbreak of a fever of one paroxysm and of comparatively short duration, from thirty to seventy hours, and with it as invariable concomitants, pains in head, back, limbs, nausea; the abrupt taking off of two persons after the fever had subsided and about the time a patient is usually considered convalescent; the convalescent pulse too of sixty per minute; the fact of the seizure of ten persons in two houses closely neighboring, and an eleventh in the person of one who had nursed the sick; the hour of seizure in repeated instances during night; the huge black spots on the sheets; at least, said by the family to have been vomited there; in none of these glaring signs was there to them any testimony "save of bilious remittent fever of a mild type, and nothing of a malignant or contagious character."

PORT OF MOBILE, ALA., September 14, 1886.

*To Editors of N. O. Medical and Surgical Journal,
New Orleans, La:*

DEAR SIRS.—I have to acknowledge the receipt of your communication of 13th inst., and in reply would state that my mission to Biloxi was in the interest of the lives of my people; and that during my stay enough was *seen and heard and* reported by me to justify our authorities in enforcing protective measures, with which we are perfectly satisfied.

From present outlook, it appears to me that the reports and evidence, in relation to the fever recently prevalent at Biloxi, can never be made to harmonize; therefore the object of *my mission* having been accomplished, with due

deference to yourselves, I would beg leave to decline writing a report for publication in your JOURNAL, at the present time at least. I remain with great respect yours etc.,

T. S. SCALES, M. D.

BILOXI, MISS., September 9, 1886.

To the Editors of the N. O. Medical and Surgical Journal, New Orleans, La.:

SIRS.—This plain and unvarnished history of the few cases of fever which occurred at Biloxi, and which have given rise to a heated controversy, and culminated in having Quarantine declared against us, is given to the medical profession of Louisiana and Mississippi, that they may judge dispassionately between Drs. Holt, Salomon and Scales, and ourselves, and we are prepared to fall or stand by the verdict of our brethren.

CASE 1.—On the 24th day of August, I was called to see Mrs. Hockley, residing about one and a half miles from this place, near Lopez & Dunbar's canning factory, a place known as Point Cadet. Found her suffering from fever. Temperature $101\frac{1}{2}^{\circ}$; pulse 108; tongue thickly covered with yellowish creamy coat, large, wide and flabby, with indentations of teeth well marked; headache, back-ache and pain in lower extremities; great thirst; vomiting bile profusely; bowels constipated, but kidneys acting well. The fever continued with well marked remissions for three days when it subsided. No return. *Treatment*: Active mercurial cathartics, and quinine in abundance—during remission of fever.

CASE 2.—Mr. Rhodes, living in the same house, was taken sick on the 25th of August. Visited him in morning of 25th. Found him with high fever, temperature 104° ; pulse 120. Same symptoms as Mrs. Hockley. Subjected him to same treatment, same results. Duration of fever, from Wednesday night to Thursday morning. Discharged patient without any precautions against relapse; none occurred.

CASE 3.—The next case I was called upon to attend was Mrs. Rhodes, wife of foregoing. She was a frail and sickly woman, almost an invalid. She was taken sick on Thursday, 26th of August. Found her with high fever; temperature 104° ; pulse 120. Same symptoms as others; obstinate vomiting of bilious matter, total inability to retain either food, drink or medicine, with a great aversion to taking any medicine; at times refusing to take any. The fever continued with slight remissions until Sunday morning, when congestion set in and she died. There were positively no suppression of urine, and no delirium. The matter vomited before death, consisted of claret wine and medicine which she had been forced to take. We deny that she ever threw up any dark matter, resembling black vomit.

NOTE.—Mrs Rhodes was nursed entirely by her husband, who was convalescent and very weak, having just recovered from an attack, as above stated.

CASE 4.—Isabella Hockley; child, taken sick on Thursday morning. Temperature 101° ; pulse 110; headache, backache, pain in lower extremities; tongue coated as in other cases, with indentation of teeth well marked; nausea; constipation; kidneys acting. *Treatment*: Mercurials and quinine. Duration of actual fever, with remissions, 36 hours. Now convalescent.

CASE 5.—All the children in Mr. Cox's family, six in number, with the exception of Cornelia who died, were affected in same manner as Isabella Hockley. I pursued the same treatment in all the cases with same favourable results. The duration of the fever was from 10 to 36 hours, with very little prostration, if any, supervening. Mr. Cox himself also had a very short illness, lasting but a few hours, and recovered completely; sufficiently to nurse the balance of his family.

CASE 6.—Cornelia Hockley, age 15, taken sick same time as others of same family. Symptoms same as those of other children, only much more violent. Fever very high, but with well marked remissions; temperature $104\frac{1}{2}^{\circ}$;

pulse 130; no suppression of urine. Cathartic acted well, but she was very obstinate and refused to take quinine, etc. Obstinate vomiting set in, but still she refused to take medicine. The matter vomited was bile and mucus, and never anything of a dark color to warrant even a suspicion of black vomit. This patient died also of congestion, on Sunday morning, 29th of August.

CASE 7.—Mrs. Cox, mother of above mentioned children, in ninth month of pregnancy, was taken sick with same fever as her husband and children. Same symptoms. Same treatment, only modified by her condition. In thirty-six hours she was comparatively well, and on September 2d, gave birth, after a very easy labor, to a fine boy about nine pounds in weight. Herself and infant are both doing well, neither of them having had any medical treatment since her confinement. All the other cases which have occurred in the supposed infected district were treated by me in the same manner as the Hockley and Cox families. They have all recovered, and in no case has the fever exceeded forty-eight hours or the period of convalescence from four to five days.

LOCALITY, ETC.—The immediate locality and vicinity where this fever occurred, known as Point Cadet, is a low neck of land about one and a half miles from the town of Biloxi proper. The sea marsh that surrounds this point of land, the stagnant pools of water that are scattered through it, the water which the people are compelled to drink, all combined, make it one of the most unhealthy localities to live in, and it is a notorious fact that all persons living in this place, suffer from this same fever every summer and fall (*vide* Dr. Champlin's letter to New Orleans *Picayune* of September 1st). This observation is corroborated by all physicians who have practiced here of late years. Last fall there was more fever of the same character in Point Cadet than there is at present.

I will also state that while the fever was at its height, Lopez & Dunbar's factory was running (canning shrimp) and employing some 50 or 60 men, women and children,

all of whom had free access to the houses where the sick were. They visited the sick, continually passing and re-passing, as Cox's house is only about 30 feet from the factory gate of entrance. More or less visiting by the operatives of the factory took place until after the burial of Cox's daughter and then quarantine shut down the factory. Not a single case of fever has occurred among any of the operatives who are scattered all over Biloxi. The only cases of fever being amongst those who reside in the immediate vicinity of the factory at Point Cadet. From the faithful description of the above cases, and taking into consideration the locality where the fever occurred, we respectfully submit that our diagnosis of malarial fever, modified by the surroundings, is correct, and that it is utterly impossible to make yellow fever out of these cases.

Most respectfully yours

JAMES J. LEMON,

Attending physician upon all the cases at Point Cadet.

BILOXI, Miss., Sept. 10, 1886.

Editors New Orleans Medical and Surgical Journal:

SIRS.—Yours of the 4th inst. to hand, asking “account of the cases of the so-called yellow fever in your town, together with a full expression of your views concerning their nature, cause, etc.”

I have practiced medicine in this place for four years, and each fall of those years, malarial fever of a mild type has made its appearance about the 1st of September. The first cases of this fever in those years made their appearance in precisely the same place as the fever of this year.

There is a large pond near the houses of the sick, which during the summer and fall, becomes filled with moss, leaves and other vegetable matter. These decomposing during the long summer drouth, become very offensive producing noxious vapors, sufficient in themselves to cause outbreaks of malarial fever. In connection with this the canning factory of Lopez, Dunbar Sons & Co. is

not more than 200 feet from the houses of the sick. Each day of the canning season the offal of the oysters and shrimp is dumped from the factory into the shallow water, to be carried off by the tide, but this offal remains for days and often weeks, creating a foul stench. The water used by the people living in that vicinity is very impure, taken from wells only a few feet deep, and is often covered with a green scum.

Here, in this very vicinity, malarial fever, the *so-called yellow fever*, made its appearance on the 17th of August last. There were at that time from 200 to 250 operators at the factory, all of whom remained there until the factory ceased operation, which was on or about the 31st of August. They went to and from their homes in every part of Biloxi each day, yet not one of them had fever of any kind whatsoever, so far as I am able to learn. From August 17th to this date, (Sept. 10th), but 18 persons have been ill in or near that vicinity. I had no hesitancy in diagnosing those cases as best I could, not being the attending physician, and pronounced them malarial fever. I had five cases of fever near to the infected district, all of malarial type, the patients recovering within four days, with the usual remission of fever in the morning; pulse from 85 to 88 in the morning, and from 101 to 102 in the evening, with a correlation of temperature; coated tongue; some pain in the head; slight pain in the back and knees.

I diagnosed those five cases and pronounced the disease malarial fever.

In none of these cases were there any symptoms of yellow fever. No gastric irritation, more than is common in malarial fever, no retention of urine, no hemorrhage from the gums or elsewhere, no redness or softness of the gums, no jaundice. There was a remission of fever in each case, and a rapid recovery; after convalescence, not one relapse.

The treatment was plain and simple in these cases, being:

Hydrg. chlor. mit.....grs. viii.
 Podoph.....grs. i.
 Sulph. quinine.....grs. xx.

M. et ft. pil. No. 8.

Sig. One pill every 2 ½ hours.

To this treatment the fever yielded readily, with rapid convalescence. In from 3 to 6 days, the pulse and temperature became normal.

Having had considerable experience in the treatment of yellow fever in 1878 and other years, I feel myself abundantly able to distinguish between a case of malarial and a case of yellow fever. In my opinion, I am fully sustained by Dr. Felix Formento, of New Orleans, a physician of great experience in yellow fever and fevers of this climate, who was spending some time at Biloxi with his family, and who visited the patients with us. Dr. John Godfrey, of the U. S. Marine Hospital Service, who was ordered to Biloxi, by Surgeon General Hamilton, U. S. M. H. S., to investigate this fever and report upon the same, after three days of thorough investigation and visiting the patients twice each day, wires Dr. Hamilton: "I have seen no yellow fever here," thus fully sustaining my opinion. Dr. Murray, of Ship Island Quarantine Station, who was sent for by Dr. Godfrey and arrived in time to examine the patients with Dr. Godfrey, fully concurred with him (Dr. Godfrey) in opinion.

These are the facts as they presented themselves to us, after days of careful examination. The opinions of the Solon' of the Louisiana State Board of Health (who was not with the sick or convalescents two hours,) to the contrary notwithstanding.

Very respectfully,

J. W. MAYBIN, M. D.

NEW ORLEANS, Sept. 15, 1886.

Editors N. O. Medical and Surgical Journal:

Sirs.—At your request, I send you a few notes on the late "Biloxi fever."

I hesitated a while to take any part in this medical controversy, which, in the eyes of all impartial observers, has been definitely settled by Dr. Godfrey's report; but I now hesitate no longer, since it has pleased the President of the Louisiana Board of Health to apparently include me in his satirical remarks on the attending physicians of Biloxi, when he says: "All of which was eminently satisfactory to his *confrères* in consultation, who contemptuously ignored the idea of yellow fever as uncalled for and false," "to be ridiculous and unjustifiable." Those last words are mine, they were used by me in a telegraphic dispatch which I shall refer to presently, and applied solely to the so-called "Quarantine," which was ~~so~~ so hurriedly and, as later events proved, so unjustly, unwisely, and unnecessarily imposed upon a non-infected locality.

The facts, in a few words, are as follows: On the 1st of September last, being in Biloxi on a visit to my family, which was spending the summer in that locality, and before I had any suspicion of the great commotion which was soon to take place, I was requested by Drs. Lemon and Maybin, practising physicians of Biloxi, to visit in consultation with them, some cases of *Fever*, that had occurred at Point Cadet, about one mile and a half from the centre of the town, in the immediate vicinity of a shrimp canning factory. I made a long visit in that locality, examining attentively and minutely, both the sick, or rather *convalescents*, and the premises in which they lived and their surroundings. I obtained from the attending physicians, and the adult patients themselves, both male and female, whom I found intelligent and willing to answer all my questions, all the necessary particulars and information concerning themselves as well as the two persons who were said to have died of the same disease a few days before, and found their statements to agree and tally in every respect.

After having expressed my opinion to the attending physicians, in regard to the nature of the disease, which I consider to be of a malarial character, possibly modified

by particular local conditions, I was shown a copy of the famous enigmatic telegram: "The sum of evidence indicates yellow fever as the *cause* of illness." Why the *cause*, and not the illness itself? as if a specific disease could possibly give *origin* to another disease but itself.

That same evening, at Montross Hotel, I had a conversation with Dr. Holt, in which I expressed my astonishment and regret at such a precipitate act on his part, which had already put the whole country in revolution. In fact I had just witnessed the perfect demoralization and subsequent *stampede* of several hundred of our citizens, who boarded the train for New Orleans that evening, rushing, and fighting as for dear life itself, as if there had been 100 deaths a day from cholera or small pox in that locality. I understand that with many, the cause of this panic was more from the fear of being shut off from the city by quarantine, than the fear of the disease itself. It was nevertheless a pitiful and sad spectacle.

I then addressed the following telegram to the *New Orleans Picayune*, in the hope of allaying unnecessary fears and apprehensions, and counterbalancing, in a degree, the imprudent verdict of our official sanitary authorities:

"BILOXI, MISS., September 1, 1886.

At the request of Drs. Lemon and Maybin, attending physicians, I visited to-day several cases of fever at Point Cadet, near Dunbar's Shrimp Factory. I found nine persons—five adults and four children—up and about, who were presumed to have had yellow fever, and one child of four years taken sick this morning with symptoms of ordinary malarial fever. None of the nine convalescents presented any of the marked symptoms of yellow fever, black vomit, hemorrhage or suppression of urine. The disease lasted from eighteen to forty-eight hours, the patients recovering without relapse or accident. One woman nine months pregnant, recovered in forty-eight hours. There were two deaths last Sunday, occurring in delicate, sickly women, presenting the same symptoms, who refused taking either purgatives or quinine in sufficient doses.

From all this I concur in the opinion of the attending physicians of malarial fevers, and believe quarantine against Biloxi to be ridiculous and unjustifiable.

DR. F. FORMENTO."

This telegram, in its conciseness and narrow limits, contained the principal reasons upon which was based my diagnosis of no yellow fever—and at this late hour—after all excitement has ceased—and in cool judgment, I find very little to add to it. In fact, will any physician of learning and experience recognize as yellow fever, a disease occurring spontaneously at the end of August, in a malarial region,—it has been impossible to trace it to Ship Island or any other source,—and limiting itself to a marshy, unhealthy locality, in an atmosphere vitiated by local causes of infection; a disease of 12 to 48 hours duration, presenting well marked remissions, and none of the well known characteristic symptoms of yellow fever: jaundice, passive hemorrhages, suppression of urine, or black vomit; a disease yielding readily to the ordinary treatment of malarial remittent fever, mercurial purgatives and quinine, in all cases, except in two, those of delicate, sickly young women—as I was positively informed by the husband and relatives—who would not take or could not retain sufficient doses of quinine. What should we think of a case of *yellow fever*, such as that of Mr. Rhodes, which lasted 48 hours, altogether, and allowed the patient, at the expiration of that time, to go out in the yard, chop wood, build fires, and nurse his wife day and night without either accident or relapse. What about the case of that woman, Mrs. Cox, in her 9th month of pregnancy, who recovered in 48 hours, without hemorrhage or premature delivery, and whose pregnancy continued to its full term, giving birth to a healthy and vigorous child? It requires really a large sum of good will or imagination to make yellow fever out of these cases. But why proceed any further? In the absence of my individual opinion and that of the physicians who attended all those cases, from beginning to end, in the absence of all corroborating circumstances, the full and

explicit report of Surgeon John Godfrey, a yellow fever expert, to Surgeon General Hamilton, U. S. M. H. S.—report based upon close observation of patients, and minute clinical data followed for several days—settles conclusively and forever the question. “There was no yellow fever in Biloxi.”

After describing the sanitary condition of the locality, such as close connection of water closets, (or privies), with the wells, bad drinking water from shallow wells, extreme uncleanness of the premises and surroundings, large heaps of putrifying shrimp offal, etc., after recalling that Dr. Champlin treated cases of a similar character, in the same district, occurring about September 1st, for more than one season, and Dr. Aldrich had, last September, between 15 and 20 cases of the same kind, Dr. Godfrey adds: “All the patients, the nine cases upon which the Louisiana State Board of Health based its verdict of yellow fever, had slight nausea, sometimes vomiting greenish matter; stools never darker or more than ordinarily offensive; no yellowness of skin, or conjunctiva; no suppression of urine and albumen in only one. They were allowed to get up and walk from room to room. Some had remissions, and some had *absolute* intermissions.

“With these clinical facts before me, and with the additional fact that nearly a hundred operators were at the factory in the infected district daily from morning till night, more than two-thirds of them—men, women and children—going to their homes in different parts of the town, and all remaining perfectly healthy, it would have been a medical mistake for me to have diagnosed yellow fever.”

“As to the work of Drs. Holt, Scales and Salomon, I have only to say that I was not able to elicit information from the convalescents tallying in all respects with theirs. For instance, all declared most positively that there was no yellowness of skin. As to Mrs. Rhodes, who died, her husband told me that she had never been well since having a baby over a year previously, and that since last

November she had been barely able to get about her work. There was no suspicion of black vomit except in her case. She died in convulsions ; those present differ. Some say she drank claret and vomited just before dying ; the others that she spilled it on the sheet in the act of drinking. Referring only to those that were sick when seen, I am satisfied that they had malarial fever, modified by bad water, by domestic insanitation, and possibly by the constant stench of putrifying shrimp."

I can positively affirm that all the statements made to Dr. Godfrey, by the convalescents, correspond and tally in all respects with those made to me previous to his first visit.

Dr. Godfrey's report is conclusive. There can no longer be any doubt, if there ever was any, about the nature and character of the disease. In addition to its intrinsic merits, there is this fact to be noted. Dr. Godfrey is above any suspicion of local prejudice and influences. He has no personal interest at stake, he cannot be suspected of trying to influence either state or national authorities or of *posing* before the public as a great Sanitarian, a man sent by Providence, to stamp out disease and save Biloxi and New Orleans from pestilence.

If yellow fever, as is now positively certain, never existed in Biloxi, during this summer, if the disease which prevailed at Point Cadet and was mistaken by the Louisiana Board of Health for yellow fever, was *malarial*, and therefore neither of a *contagious* or *infectious* character, was I not right in declaring quarantine against Biloxi, a non-infected locality, to be *unjustifiable* ? As to its being "ridiculous," by that I mean ineffective to protect New Orleans had the disease been of a contagious or infectious character, it is sufficient to state a fact which can be easily proven, it is this : There was not a day, during the time this quarantine lasted, without communication of persons and baggage between New Orleans and Biloxi, either directly or indirectly via Beauvoir (8 miles) or Camp Ground, 2 miles from Biloxi. There was no inspection of

trains, no disinfection, no detention of either persons or baggage.

What shall we say of those 600 or 700 persons from an *infected* locality returning to New Orleans or scattering along the coast. What a chance of development for a contagious and infectious disease! How fortunate it was that a medical mistake had been made, and that the disease proved itself to be of a non-transmissible character!—and yet this is the enlightened quarantine, which has provoked the admiration of all the metropolitan newspapers of the Gulf!

In conclusion we say:

1. There was no yellow fever in Biloxi.
2. There was no disease of a contagious or infectious character.
3. Therefore quarantine was unjustifiable and ridiculous.

Every one having at heart the welfare of his city and State, will admit that it is, on the part of both sanitary and *civil* authorities, a solemn duty, an obligation we owe to surrounding States and to the whole public, to announce at once, all cases of contagious and infectious diseases, occurring among us or immediately around us. It is our own well understood interest to do so. The policy of *concealment* would no longer find any support in this community. It would be wrong, and criminal to attempt it.

But is it less so to act hastily and sensationally in matters of such grave importance? to proclaim to the world without sufficient examination and upon the slightest *suspicion* that a non-infected locality is *infected*, that yellow fever exists where it does not exist, to take—on paper at least—such precautionary measures as could only be justified by the existence of an epidemic of a most virulent character, to encourage by precept and example, the establishment in a hundred small localities of the abominable and barbarous shot-gun quarantine.

Why, upon the slightest *suspicion* of danger, throw a

whole country in such a state of confusion and demoralization, cause such a panic, inflict incalculable mischief upon a healthy locality and its environs, both in the present and in the future?

Would not such hasty action tend 'to create distrust in neighboring cities and States in the efficiency of our local health authorities, in the accuracy, of their diagnosis? Once deceived, the public will believe them no longer.

Publish *real* cases, keep a strict *surveillance* and close observation on *suspicious* cases, not difficult to *discover* such cases every summer—isolate them—isolation would have been easy around this Point Cadet, a narrow strip of land, almost a peninsula, one mile and a half from the town—remove *local* unsanitary conditions, clean up, disinfect, fumigate, take quietly all necessary measures, but do not spread unnecessary alarm; wait, twelve or twenty-four hours, at the most, will reveal the true character of the disease. What would you think of the captain of a steamer, who, noticing a small fire in some remote part of his ship, would, instead of going quietly to work to extinguish it, wake up his passengers from their sleep, terrify them by the news that the ship is on fire, and may probably be entirely destroyed, and order them to be transferred to a passing schooner?

Guard against concealment, but guard also against exaggerated and over zealous statements of facts and premature conclusions. Do not over-reach yourselves, you will miss the mark. If you want to inspire confidence at home and abroad tell the truth, the whole truth, but nothing but what you *know positively* to be the truth.

FELIX FORMENTO, M. D.

Editors New Orleans Medical and Surgical Journal:

SIRS.—On the 3d of September I reached Biloxi, bearing orders from Surgeon-General Hamilton to investigate alleged yellow fever in that place. In company with Drs.

Lemon, Maybin and Formento, I went immediately to the infected district, and began making such examination as I thought necessary, to ascertain the nature of the existing disease.

Seventeen persons had been attacked previous to my arrival, to-wit :

CASE 1. Loftin Cox, August 18th, no physician ; recovered.

“ 2. Mrs. Hockley, “ 23d, “

“ 3. Cornelia Cox, “ 24th, sick 5 days ; died.

“ 4. William Cox, “ 25th, recovered.

“ 5. Mrs. Wm. Cox, “ 25th ; full term child, Sept. 2d ; recovered.

“ 6. Mr. Rhodes, “ 25th, recovered.

“ 7. Mrs. Rhodes, “ 26th, sick since Nov. '85 ; died.

“ 8. Laura Cox, “ 26th, recovered.

“ 9. Isabella Hockley, Aug. 26th, recovered.

“ 10. Lilian Dejean, “ 30th, in bed, but no fever ; recovered.

“ 11. Ella Williams, “ 30th, recovered.

“ 12. Chas. Dejean, “ 31st, “

“ 13. Mrs. Elder, Sept. 1st, aborted Sept. 6th ; under treatment.

“ 14. Mary Cox, “ 1st, recovered.

“ 15. Mrs. Foreditch, “ 1st, “

“ 16. Isabella Cox, “ 2d, “

“ 17. Artemise Cox, “ 2d, “

“ 18. Alice Cox, “ 3d, “

As is seen, there were two deaths and fifteen recoveries, case 13 being under treatment when my report closed, September 5th.* Case 10 had no fever while under observation, but was in bed from debility.

Case 18 occurred after my arrival. The patient had a chill at 10 o'clock A. M. Visited two hours later. Found skin moist and clear ; slight headache, no pains elsewhere. Tongue broad, with thin, bluish-white coating ; bowels and kidneys acting well.

*Discharged Sept. 8th, convalescent.

In regard to the convalescents, about whom so much has been said, and from whose cases, it seems, the greater part of the evidence was made up for the establishment of quarantine, I desire to speak only in a brief way. I examined them all—excluding cases 3 and 7—and questioned the adults closely. The replies I got, as is seen from the tabulation, agree with those of the representatives of the Louisiana State Board of Health, as published, so far as concerns occurrence, duration, and result of sickness. As to evidences of jaundice, I saw none. As to whether there had been any, I can only say that the statements of all questioned—patients and physicians—were positively to the contrary. Case 4 told me that he had a chill one day, took quinine, and was well the next; that his wife was taken sick at the same time, was sick a day longer. She gave birth to a full term child September 2d, eight days from date of attack. Her physician and her husband say that she had no jaundice. As to case 3, I know no more than what has been already said, except the report that she refused to take medicine. In regard to case 7, I have her husband's sworn statement that she miscarried last November; that since then she has been very feeble, and hardly able to attend to her household duties; that she threw up a "dark greenish bile" at daylight and died at 11 o'clock A. M., same day. Her brother-in-law says that she threw up the same colored material on Friday, the 27th August, three days previous. Of what she "threw up" I saw nothing. Indeed, if I had, since it was ejected on the 29th of August—a part of it staining the sheet—I am pretty sure that I could not have told from naked-eye appearances on the 3rd of September whether it was the black vomit of yellow fever or not. Nay, I doubt if naked-eye appearances are *conclusive*,—in a single case,—even when seen at the moment of vomiting. Whose eye is sharp enough to *decide* when black matter vomited is discolored by blood, and when by bile? That the vomiting of "dark greenish bile," taken with other symptoms was cause for suspicion I admit. That contradicted by still other symptoms, and by lack of symptoms,

there was ground for pronouncing it the product of yellow fever I deny.

Taking these rather meagre data,—bearing in mind that medicine has not reached that degree of scientific certainty to enable its foremost followers to surely declare the specific character of a *febrile disease* from lay-answers about the symptoms of the dead and buried, and from observing the status of those from two to fifteen days convalescent; remembering that of the nine attacked, only two had died; that eight others were sick with no alarming symptoms; that in none of the latter was there suppression of urine, nor dark stools, nor yellowness of skin or conjunctiva, nor tumidity of gums, nor epigastric tenderness, nor “yellow fever countenance;” that albumen was only present in one case of several examined, coupled with free micturition; that the treatment had been calomel and quinine throughout; that the patients rose from the bed at will, and passed from one room to another for the offices of nature; that few restrictions were made as to diet, all taking chicken-soup, beef broth, tea, coffee, bread, etc., rather freely; that Drs. Aldrich and Champlin had treated apparently the same kind of fever in this same district in past seasons during the same months;—taking these facts, gradually grouped during the day, I ask my professional brethren if there was not testimony enough for me to hesitate about diagnosing yellow fever?

I confess, as I eagerly read the papers bought on my way, that I approached Biloxi overshadowed by the authority of those that had preceded me in the examination, knowing as well as they how vastly was their experience superior to mine; but I was under orders to find out the truth for myself, and I set about it as dispassionately and as painstakingly as I could.

As said before, eight persons were sick (counting Case 10) when I arrived. One was taken that day (Case 18.)

I submit here the temperature and pulse rate that medical men may draw their own conclusions:

NAME.	AGE.	DATE OF VISIT.	HOUR VISITED.	TEMP.	PULSE.	REMARKS.
Isabella Cox, (Case 16.)	5 yrs.	Sept 3	10 A. M.	102.5	106	{ Calomel purge. Urinated copiously Albumen in urine —trace.
		"	5 P. M.	103.2	114	
		"	9 P. M.	102.8	112	
		Sept 4	9 A. M.	99.	108	
		"	5 P. M.	*102.2	102	
Artemise Cox, (Case 17.)	3 yrs.	Sept 5	9 A. M.	99.4	96	
		Sept 3	10 A. M.	102.2	100	
		"	5 P. M.	102.4	124	
		Sept 4	9 A. M.	102.	110	
		"	*5 P. M.	101.6	100	
Mrs. Elder, (Case 13.)	20 yrs.	Sept 5	9 A. M.	98.8	96	Fifth mo. of preg. No albumen in urine.
		Sept 3	5 P. M.	102.4	100	
		Sept 4	9 A. M.	100.6	80	
		"	5 P. M.	*101.6	80	
		Sept 5	9 A. M.	99.4	74	
Alice Cox, (Case 18.)	15 yrs.	Sept 6	7 A. M.	100.4	76	Aborted at noon. No albumen in urine.
		Sept 3	12 M.	102.6	104	
		"	5.30 P. M.	102.8	110	
		Sept 4	10 A. M.	98.8	98	
		"	5.30 P. M.	*101.8	110	
Mrs. Foreditch, (Case 15.)	21 yrs.	Sept 5	9 A. M.	101.6	98	Walking about. Had just drunk soup. Slight nausea. Men- ses due on 1st. Ate hearty breakfast. No nausea.
		"	5 P. M.	.....	.....
		Sept 3	6 P. M.	101.	82	
		Sept 4	10 A. M.	101.	70	
		"	5.30 P. M.	101.8	68	
Chas. Dejean, (Case 12.)	5 yrs.	Sept 5	9.30 A. M.	100.8	68	Menses appeared. Had fever Aug. 31st.
		Sept 3	12.30 P. M.	norm.	.....
		"	6 P. M.	103.	120	
		Sept 4	10 A. M.	norm.	100	
		Sept 5	.....	.....	.....
Ella Williams, (Case 11.)	18 yrs.	Sept 3	6 P. M.	norm.	Well. Had fever Aug. 30th. No albumen in urine.
		Sept 4	11 A. M.	101.	90	
		"	6 P. M.	101.6	80	
		Sept 5	10 A. M.	100.2	98	
		Sept 5	10 A. M.	100.2	98	

I now ask if a record like that of case 11 or 13 or 16 or 18 did not warrant a doubt as to there being yellow fever? Furthermore, was I not warranted in suspecting malarial fever, particularly in those cases marked thus * after requesting Dr. Lemon, the attending physician, to suspend quinine on the 4th, to find a rise of temperature of from one to three degrees in all but one case?

Take the case of Ella Williams. Dr. Watkins saw her on the evening of the 3rd September. I copy his notes: "Ella Williams, aged 18, was taken sick Monday, August 30th, chill followed by fever of one paroxysm as far as could be ascertained. Temperature not taken until September 3rd, at 6 o'clock P. M., when it was found to be

normal. She is exceedingly prostrated." Note her condition on the 4th. Chas. and Lilian Dejean were in the same house with her. She worked at the factory. It was suggested that they might have yellow fever, carried to them by her, even admitting that she had none. This admission raises a question that needs to be disposed of. A great many persons worked in the factory, and were therefore in the infected district during the day. Why was it that none of these carried the fever to their homes? Diligent inquiry developed the fact that of the large number working in the factory and living in healthier parts of the town, not a single one was taken sick, nor were any of those living with them. If nine people have *bona fide* yellow fever, acquired in an infected district of any town, will not seventy or eighty persons working in it daily for weeks be affected by it, one or more?

One point more. The tongues of all the sick seen by me, (except that of case 18), differed from those of ordinary malarial fever. That is to say, they were narrow, pointed, red at the sides and tip. But this has been noticed of those sick in the same locality by other physicians in past seasons. I quote from Dr. Champlin, of Bay St. Louis, in letter to *N.O. Picayune* of 3d instant—"Every fall I attended cases, which on superficial examination, were very suspicious, some even having albumen and suppression of urine, want of correlation of pulse and temperature, white tongue centre, with red tip and edge on some." Let it be remembered that Dr. Champlin referred to the locality where the foregoing cases were observed.

Speaking for myself only, I confess my inability to stand nine persons in a row, convalescent from two to fifteen days, and be able to say definitely whether they have had yellow fever, unless the sum of their answers excludes every contradiction as to the behavior of the disease.

That the nine persons first attacked may have had yellow fever, and the other nine fever of a malarial type, is possible, but that they did is exceedingly improbable. I have herein hurriedly presented the evidence for saying

that I had not been able after three days of patient investigation to find any yellow fever at Biloxi, and I respectfully leave it to the members of the medical profession—the only jury that I acknowledge—to say whether I was justified in doing so.

JOHN GODFREY,

Surgeon M. H. S.

Marine Hospital,

Louisville, Ky., Sept. 19, 1886.

THE CHARLESTON EARTHQUAKE.

CHARLESTON, Sept. 14, 1886.

No. 4, George street.

Editors N. O. Medical and Surgical Journal:

As the world knows, we have had a great calamity, and as usual the physicians who are supposed to occupy a high plane, besides any losses which they individually may have suffered, are expected to use great leniency towards all who employ them; so that many of their ordinary sources of income are cut off and will be greatly diminished in such a devastated community for some time to come.

My own family arrived in this city from the mountains of North Carolina 10 minutes after the catastrophe occurred, unconscious of what had occurred, because the space between the "10 Mile Hill" and the city, through which the cars had sped at 50 miles an hour, was not the scene of much disturbance. We, who awaited them at the N. E. Depot, were terribly shaken up, and had to rush out of the building amidst horses and vehicles, the former of which were greatly alarmed and were flying in every direction. Fortunately none of my immediate family were injured. We passed the night in a piazza on the ground floor; and have since, until last night, passed the night in a tent, as it complicates matters much to have women and children to take care of, who may be forced to move at a moments notice. We have not yet removed our clothing at night, though no further shocks are experienced and confidence is fast being restored, and entirely so in the day time.

It has been quite fortunate for all here that we have had no excessive rains, or storms, or cold weather, for tents were very difficult to procure.

My house, being of brick and three stories high, is pronounced *habitable*, though much cracked, and with all the chimneys gone.

The Medical College is greatly damaged; but we hope to begin lectures as usual Oct. 15, by constructing some temporary wooden buildings. It will cost some \$5,000 to repair the college, the roof and walls being greatly damaged. The pediment and portico are demolished.

The Roper Hospital is condemned, and its inmates removed to the agricultural hall.

If you see Drs. Elliott, Logan and Jones you may tell them of all this, as they know the localities.

I remain, my dear sirs, most truly and sincerely yours,
F. PEYRE PORCHER, M. D.

CHARLESTON, S. C., 18th Sept., 1886.

Editors New Orleans Medical and Surgical Journal:

DEAR SIRS.—In regard to the earthquake. We had a slight quake on 27th August, at twenty minutes to five o'clock. I was lying awake at the time. The metal pavilion rods rattled in their sockets. The motion was from S. E. to N. W. I had never felt anything of the kind before, but did not get up. Thought nothing more of it. On Tuesday, 31st, at 9:30, was sitting down in my dining-room smoking. We have a salt water pond on the next street, which is a little unpleasant at times, when the tide is out. That evening I remarked to my mother that I had never smelt the pond so strong before. At a quarter to ten I laid down my pipe, and had scarcely done so, when I felt a most fearful rumbling under ground. We all sprang to our feet, when that fearful shock, in the same direction as the one on the previous Saturday, S. E. to N. W., came. My little children were in bed. My wife and I rushed up stairs, and I fished them out in the dark. The lamp in their room was thrown over, but fortunately it was

extinguished, or my little ones would have been burned—perhaps only slightly. My large wardrobe was thrown across the foot of my infant's bed, but fortunately caught on the arms of a large rocking chair. The wardrobe was twisted sideways from its proper position. A water cooler in our dining room, on a high stand, about three feet from the floor, spun on its axis and remained as it was before the accident. When I had got to an open space down the street, I was told that my office was on fire. I hastened to put it out before the fire had gained headway. Although I write this hurriedly, to catch this evening's mail, you will see by my writing how nervous I am still. Did time permit, I would give you other incidents, but I must bring this to a close. I have only ventured back into our house since yesterday, and am not sleeping there yet.

Yours truly, C. B. LANNEAU.

THE DESTRUCTION OF THE CHARLESTON MEDICAL COLLEGE.

SEPTEMBER 18, 1886.

*Editors New Orleans Medical and Surgical Journal,
New Orleans:*

MY DEAR SIRs.—In view of the terrible disaster which almost demolished the Medical College of our city, and has left us of the Faculty in hopeless despondency, we come to you with the request that you would call upon our colleagues, and especially upon our Alumni throughout the South, for aid to rebuild this revered and venerable *Alma Mater*, as we cannot do so of ourselves.

This old college has sent out distinguished men throughout the States. It is self-supporting, with no endowment, is no city or State institution, and has never asked for aid before.

Whatever you do in this direction will be gratefully recorded and remembered by us all of the Faculty.

With regards and respect, yours cordially

MIDDLETON MICHEL, M. D.

85 Society street, Charleston, S. C.

LEADING ARTICLES.

THE BILOXI FEVER.

We have endeavored to present all the evidence possible in the matter of the fever at Biloxi. After a careful perusal of the same, it is more than ever apparent that the Board of Health committed a great error in not entrusting the diagnosis of the disease in question to the Board of Experts. The excellent personel of this latter Board would have commanded respect from all parties, and have rendered it extremely unlikely that any such scenes would have been enacted as have harrassed the health authorities, and indeed the whole country, for the past few weeks.

Again, the quarantine as established and managed is certainly open to criticism. If the Board thought the disease at Biloxi was yellow fever, or even suspicious of yellow fever, they did right in declaring quarantine, while it was being thoroughly investigated, but how easy it would have been to have isolated Point Cadet, where alone the fever existed? If, however, the inter-communication of factory hands and the citizens of Biloxi was so frequent as to render it advisable to quarantine the whole community, was it right to empty the town of all of our citizens, with their baggage, household effects, etc., before stopping all communication? What better way to spread such a disease as yellow fever; and what better argument on the part of those who differ with Dr. Holt as to the origin of the outbreak?

RELATION BETWEEN MILK-SCARLATINA IN THE HUMAN SUBJECT AND DISEASE IN THE COW.

Under the above title a most remarkable article appeared in the July and August issues of the *London Practitioner*, an article well deserving to attract the attention and interest of our hygienists and health authorities. The facts which

it brings forth are so well observed, that they seem almost irrefutable, and require but little more experimentation and corroboration to be made absolute.

Since cow pox has been demonstrated to be analogous to our small pox and to be directly transmissible from cow to cow and from them to the human subject, who is thereby in a great measure protected from small pox, a number of diseases have been supposed, with more or less likelihood of truth, to be equally transmissible from the lower animals to man; but no proofs of any particular disease transmitted in the milk of the cow have ever been produced. It remained for Health-inspector W. H. Power, of the Local Government Board, by his patient and persevering efforts and inquiries to place on record the fact, that a certain disease in the cow, capable of propagation among the species, can produce scarlatina in the human subject, who feeds on the milk of the affected cow.

From the fact of several epidemics of scarlatina occurring in various localities the milk supply of which was the same, this supply began to be suspected as being the probable cause of the disease. The milk in the infected neighborhoods all came from a certain farm situated at Hendon. After instituting a thorough examination of this farm and its immediate vicinity, it was ascertained that the sanitary condition of the place was good, much above that of the average milk farm. The business did not include the rearing of calves, the cows were all in good health, stall fed, consumed their ordinary amount of nourishment and yielded their usual quota of milk; the milkers and other persons employed about the establishment were in good health, and no case of scarlatina had occurred in the neighborhood, with which they could have come in contact. Concluding from this that the infection must be due to some disease in the cows themselves, by which the milk was contaminated, upon more minute investigation it was ascertained, that a few cows had lately been purchased and added to the stock of the farm. Previous to this there had been no scarlatina among the consumers of the milk,

but shortly after the addition of these cows, and at the time when the milk of the new cows was added to the other milk, scarlatina made its appearance among the customers; a certain number of these, however, supplied with milk to which that of the new cows was not added, or with milk coming from cows which did not mix with the latter, remained free from the disease for a time.

Upon minute inspection of these supposed diseased cows, roundish ulcerated spots, varying from a fraction of an inch to an inch or more, and covered by thick brownish scabs, were discovered on the lower part of the udders and teats of two of them; in a short time some more of the then healthy cows were found to be affected with a similar affection, and at that time the consumers, who had until then remained free from scarlatina, were affected by the disease. At this juncture, the eminent pathologist, Dr. Klein, was called in to examine these ulcers and make researches to substantiate these facts. Three of the affected cows were bought, and, after some days of observation and experimentation, were killed. The post mortem examination revealed lesions of the internal organs analogous to those found in the human subject in scarlatina. Calves, which were inoculated with matter taken from the surface of the ulcer, or fed from the milk drawn from the affected teats, were affected with a general or local disease, and in both cases presented at autopsy lesions equally resembling those of scarlatina.

A search after micro-organisms in the matter scraped from the ulcerated surfaces, revealed the presence of micrococci in the shape of diplococci and streptococci, which after cultivation, were capable, when inoculated, of causing the same disease. These diplococci and streptococci resemble very much those found in the mouth and foot disease of the cow, but could be differentiated from the latter in that they grew and propagated in milk whereas these could not exist in this liquid.

THE SEVENTH CAUSE.

To be stabbed in the house of one's friend, adds double bitterness to the blow.

The editors of one of our exchanges, one of our Southern exchanges, a reputable medical journal, published in a neighbouring city, have so far forgotten themselves as to fling aside all the restraints of professional etiquette and journalistic courtesy, and publish in the editorial columns of their September number, an unprovoked and shameful insult to the members of our staff.

To the cheap taunt upon our youth, Pitt, in his reply to Walpole, made answer more than a century ago; to the reflections upon our capacity, the language in which they are couched, renders us supremely indifferent; while the fatuity of a logic which could construe the proposition, a fool is one who never made an experiment in his life, into a fool is one who differs with you as to the value of an unseen experiment made by unknown men, sufficiently excuses us from debate.

But an attack upon our honesty of purpose shall ever provoke us to a reply. We impugn the motives of no man; we allow no man to impugn the purity of our own. When a few months ago this was attempted in a Northern journal by a stranger, a man living in a distant community, one who knew and could know nothing of our characters, whose habits of thought were alien to our own, we found words to seal his lips. We unequivocally pronounced his "insinuation as mean as it is mendacious." This was four months ago, in our June number. The editors of *The Atlanta Medical and Surgical Journal* have with open eyes, deliberately placed their brows beneath the brand we fired and lifted then, let them bear the stigma now as best they can.

EDITORIAL COMMENTS.

THE NORTH CAROLINA BOARD OF MEDICAL EXAMINERS.

The North Carolina Board of Examiners seems to be doing some good work under the new law framed by the State Legislature. In three sessions it examined 195 candidates for a license, of which number 29 were rejected. Of the 166 who received their license, 141 were graduates, 6 were non-graduates, and 19 had taken one course. Of the rejected, 12 were graduates, 9 non-graduates, 6 had taken one course and 2 two courses. The College of Physicians and Surgeons of Baltimore, had 68 applicants, of whom 15 failed. The Jefferson Medical College had 18 and 2 rejections; the University of Maryland 31 and 2; the Louisville Medical College 13 and 2; Bellevue 10 and 1.

Twenty-one colleges were represented by the applicants, and ten by those that failed. The College of Physicians and Surgeons, of Baltimore, was particularly unfortunate. The others did fairly well. The University of Louisiana had one applicant who was successful.

We congratulate the North Carolina profession upon the good showing made by the Board. Fifteen per cent. (about) is better evidence than the average college affords of the thoroughness of its examinations.

THE DESTRUCTION OF THE CHARLESTON MEDICAL COLLEGE.

Elsewhere we publish the letter of Prof. Michel, speaking of the destruction of this good old school of medicine, and asking for aid from his colleagues, and especially from the alumni, throughout the South. No words of ours could

so well describe the terrible consequences of the great earthquake, as do the accounts which have lately filled the public prints and the letters published in our department of correspondence.

The reply to the general appeal for aid has been generous in the extreme, and will ever remain a pride and glory to our common country.

The letters of Drs. Porcher and Miles address themselves especially to the physicians of the South, and it would be shame to us if they met with a less liberal response.

In her days of prosperity, in her hours of poverty and distress, Charleston has ever been a principal focus of medicine in the South—progressive, enlightened—and it behooves us to see that her great institution of medical learning is not hopelessly crushed beneath this last calamity.

Subscriptions for the repair of the college may be addressed to Dr. Michel, 85 Society street, Charleston, S. C.

ABSTRACTS EXTRACTS AND ANNOTATIONS.

MEDICINE.

THE BABY'S GROWTH.

Dr. W. H. Morse, in the *Va. Medical Monthly*, has an article on the importance of the recognition of a standard of growth in early childhood. We cannot compare a baby's development with that of adults, for the attendant circumstances are entirely different. A baby's life involves greater consumption of nutriment, hence the importance of assimilation, which is dependent upon vigorous exercise of all the organs, but especially the impressionable and easily deranged nervous system. For this reason too, nutritive disorders are frequent and often fatal. The best evidence of healthy action is a standard measure in growth.

According to his observations, the average weight of a boy at birth is $7\frac{1}{4}$ pounds, a girl 7 1-20. In the first year the average gain is $10\frac{3}{4}$ pounds or 3.31 ounces a week. This increase is not uniform. Immediately after birth there is a loss in weight, which is not regained until the ninth day. This loss is not only due to the evacuation of the meconium, loss of umbilical cord and drying of skin, but also to the new and unfavorable conditions of nutrition. The child is not at once able to suck well, and the result is it scarcely takes an ounce of milk the first day, six on the second, fifteen on the third, up to an average of thirty ounces at the end of the month. Moreover, the milk at first acts as a laxative, and is poor in quality. In fact, the child is really in a state of starvation until the sixth week, and liable to die of exhaustion, gastro-intestinal or other troubles, unless we be careful to shelter it from cold, excess of light, and properly conserve its tender form.

From the sixth to the nineteenth week is the child's best period of the first year. There is a gain of four to five ounces a week in weight, and its milk amounts to about thirty ounces a day. If troubles occur, they are due to errors in diet, or to exposure. After the nineteenth week follow three periods of dentition, which together fill sixteen weeks. During these periods there is a tendency to local disorders. In these periods too, very little, if any gain, if not a loss in growth, occurs; but between them the average increase of three or four ounces a week in weight is shown.

As to growth in height, the least increase is in the middle of the year, and the greatest after the tenth month.

The doctor's conclusions are, "that every child has its first year divided into five periods, viz: 1, transition; 2 normal; and 3 to 5, dentition. In other words, it is at first weak, then it enjoys three months of normal life, recuperative of its transition period and preparatory for that of dentition. Weight relates mainly to nutritive processes, and height concerns the energy of cellular life."

THE THERAPEUTICAL VALUE OF HYDROCHLORATE OF HYOSCINE.

In a paper read before the Delaware State Medical Society, Dr. J. W. Mann after relating some experiments made on himself and on some of his patients concludes as follows:

Hyoscine and its salts are a boon in the treatment of the insane, either in the state of excitement or as a hypnotic.

It not only has gained for itself the reputation of being the best drug to use in the insomnia of insanity, but I have received good results from its use in sleeplessness, no matter from what cause it may arise. The insomnia of alcoholism is with its use, as a rule, quickly dispelled. In these cases it will give better results, if the portal circulation and alimentary canal are unloaded previous to its use. It is very useful also in the treatment of hysteria. The sleep produced is calm, dreamless, and refreshing. There is no nausea or constipation following its use, and unlike most hypnotics tolerance in regard to it is not established. The dose varies from 1-120 to 1-60 gr. hypodermically or by the mouth, dissolved in water in which it is freely soluble.—*The Medical Bulletin.*

QUININE IN TETANUS.

Dr. Strudwick, of Hillsboro, N. C., before the war, was called to see a case of traumatic tetanus in a negro. From a paper containing one ounce of quinine, two doses of ten grains each were measured, one of which was immediately administered, and the other retained as a sample. The attendant was instructed to give the patient as much as was in the sample dose every hour until the physicians returned. Through an error, the negro was given the whole of the original package instead of ten grains—460 grains—at one dose. The next morning the patient was bathed in perspiration but resting easy, free from any tetanic symptoms and entirely recovered. After this occurrence, the doctor treated with success two other cases of tetanus, giving one hundred grains of quinine every hour until all symptoms abated. To one case he thus administered three hundred grains.—*N. C. Medical Journal.*

In connection with this report the question was asked if any other diseases would bear such heroic medication, or was this an instance similar to the action of whiskey in snake-bites. As an example of what large doses have been endured, a physician of this city stated to the writer that some forty years ago Dr. Monro Mackie had a patient in a hotel in this city, suffering with intermittent fever of a very serious form. The night before the next expected paroxysm, the patient, who had previously told the doctor that quinine had not the slightest effect upon him, deliberately took in some warm gruel the whole contents of an ounce bottle of the drug, that was in his room. He

was greatly prostrated and for a short while was unconscious, but was out of danger in twenty-four hours. He however remained deaf for quite a while after the occurrence.—ED.]

ON STERILIZING HYPODERMIC SOLUTIONS.

Dr. A. Poehl, of St. Petersburg, in a recent article published in the "*Pharm. Zeitung*" comments on the desirability of preparing solutions of the alkaloidal salts, for hypodermic use, which shall remain free from bacteria or ferment bodies, and remarks that, solutions for subcutaneous injections, are generally made without any antiseptic precautions.

He says: "The very act of filtration through paper, causes the filtrate to contain more micro-organisms than the unfiltered liquid contained." This may be readily understood, when the process of manufacturing such paper is considered, and unless some method is adopted to insure sterilization, both of the water used in preparing the solutions, and of the paper used in filtering them, the risk of obtaining septic solutions is considerable. Dr. Hager, who has written on the danger of employing septic hypodermic solutions, among other precautions, recommends the use of water *twice* distilled in order to render it free from volatile organic matter.

It is, however, necessary to bear in mind, the fact, that the alkaloids themselves aid in developing certain forms of bacteria, and in order to prevent this, other precautions than the employment of *doubly* distilled water are necessary.

The addition of salicylic and boracic or boric acid to the solutions has been recommended, but their use is open to objection from a medical point of view.

It has been also suggested to *boil* the solutions in order to sterilize them; but as it has been demonstrated, that such a course would cause the partial decomposition of certain alkaloids, some other means had to be sought to secure the desired end.

A process, which has given excellent results in the hands of the writer, and which is not open to the above objections, inasmuch as no foreign substance is contained in the finished solution, is as follows:

Water, which has been re-distilled from a mixture of about 2 per cent of caustic soda and permanganate of potash,

(the first portions of the distillate, if showing traces of ammonia when tested by Nessler's reagent having been rejected,) is mixed with about 1 per cent of pure chloroform. The alkaloidal salt is to be added and the solution heated in a flask, furnished with a thermometer, to a temperature of 60° to 62° C. until all traces of chloroform have been dissipated. The resulting solution is to be filtered through paper which has been folded ready for use, and afterwards been sterilized by heating to a temperature of 125° to 130° C. in an air-chamber or drying-oven, for at least one hour. Sufficient of the redistilled water is to be poured through the filter to make the filtrate, either weigh or measure accurately, the desired quantity. Last, but by no means least, the solution is to be preserved in vials which have been washed with some of the same water and dried at a temperature of 125° to 130° C. or over. The corks used, should also be washed in the re-distilled water, and dried in the same manner as the vials.

Solutions thus prepared have been kept for months without showing signs of change.

R. N. GIRLING.

OBSTETRICS, GYNÆCOLOGY, ETC.

THE MUNICH CONGRESS OF THE GERMAN GYNÆCOLOGICAL SOCIETY.—JUNE 19, 1886.

SÆNGER :—"Upon the relations of gonorrhœal infection to puerperal diseases."—The speaker has gathered new proofs of the frightful frequency of gonorrhœal infection, and he estimates that 27 per cent. of all the women sick are infected. In the diagnosis of gonorrhœal infection, he relies not only on the objective symptoms, but also on the history. In childbed, persons infected with gonorrhœa do not show an increased mortality, but they are liable to severe gonorrhœal affections of the tubes, of the parametrium, and of the pelvic peritoneum, which may easily become converted into specific puerperal diseases. Tubes affected with gonorrhœa can, in parturition, very easily bring on pelvic peritonitis. Very frequently, so-called "after-infections" (*spät-infectionen*) appear, as a sequel of gonorrhœal disorders. The prognosis of such gonorrhœal affections during parturition is very favorable. The two poisons have nothing to do with each other, although mixed forms of infection may appear, containing both the gonorrhœal and the puerperal poisons.

DISCUSSION:—*Kaltenbach* has observed that parturient women affected with gonorrhœa very easily take fever. He does not believe, with *Sänger*, that the gonococci are capable of producing only superficial lesions, but he rather thinks that they can act deeply, though not able to produce such profound disorders as urethral stricture in the male.

Bumm considers the anamnæsia in the diagnosis of gonorrhœa as perfectly worthless, and believes that a positive diagnosis cannot be established without a bacteriological examination. He is convinced that the gonococci live only in the most superficial layers of the mucous membrane, and never force their way into the papillary layer, nor spread throughout the connective tissue. Parametritis and the other deeper affections are evidently produced by the simultaneous access of pus-micrococci.

Mundé does not attach much importance to the contagiousness of gonorrhœa; that is, when a parametritis exists, we are not justified in attributing it to a former, cured gonorrhœa.

Säxinger does not think that gonorrhœal infection is so widespread as *Sänger* states; he thinks that the diagnosis of gonorrhœa can be made where there are intense redness and swelling of the papillary layer, and small ecchymoses of the mucous membrane, which *Schröder* says is pathognomonic. Pyosalpinx certainly appears in virgins, without gonorrhœa, as he himself has observed.

Winckel, in 700 autopsies, has never observed a fatal case of gonorrhœal salpingitis, and thinks that it is not right to draw conclusions concerning gonorrhœa in other cities from the prevalence of the disease in Leipzig, where a large concourse of people is brought together through the fairs, causing a wide extension of gonorrhœal diseases.

Dr. Zeiss, of Erfurt, spoke of Alexander's radical operation for retroflexion of the uterus. Alexander's method of curing retroflexion of the uterus by shortening the round ligaments, has encountered a great many objections. It has been objected that the operation disregards the sacro-uterine ligaments and, while it cures one anomaly, it makes another. *Fritsch* finally said: "Who knows how to handle pessaries, can get along without the operation." In spite of this dictum, *Zeiss* believes that there are cases in which pessaries are insufficient, and even the most expert men will fail to do good. In three cases, where all pessary-treatment was in vain, *Zeiss* performed the operation, and with good effect; in the first case, however, a small hernia ap-

peared, and the third was only recently operated on. In every case, up to the time of speaking, the uterus remained in proper position; the last, however, is still wearing a pessary. The uterus for the case to be successful, must be movable. For the relief of *prolapsus uteri*, for which this operation is also recommended, we have better means at our command.—*Münchener Med. Wochenschrift*.

OPHTHALMOLOGY AND OTOTOLOGY.

M. TEILLAIS ON MALARIAL AMBLYOPIA.

The various derangements of vision due to divers toxic agents, but more especially to the malarial poison, which forms the subject of this memoir, comprise a part of that class of diseases of the eye which was formerly known by the vague title of amaurosis. Now that most of these lesions have been determined, this should be so no longer. But in spite of all our discoveries, there is a certain number of cases, not to be explained by our pathology, the principal interest of which seems to consist precisely in this absence of all apparent or real lesions.

Thus the ophthalmoscope is often powerless to reveal the changes due to pernicious malarial fevers or malarial toxæmia, which the microscope makes known at a later date. Perceptible lesions are peripapillary œdema, retinal hemorrhage, optic neuritis, retino-choroiditis and even atrophy of the optic nerve. The result of my observations is that amblyopia of every degree, from the most transient trouble to complete blindness, is a frequent complication of malarial toxæmia. Its duration varies from a few moments to many months, but, whatever be its degree, it usually disappears under antiperiodic treatment with the same suddenness that it made its appearance, and leaves within the eye no trace of its presence.

The amblyopia is binocular; at times very slight and indefinite, it at others exists as a central scotoma (blind spot), which may occupy the whole visual field and give rise to temporary blindness. It is always accompanied by contraction of the field of vision, but the colour sense is unaffected.

The amblyopia may be found in all degrees of malarial poisoning, ordinary or pernicious fevers or the marked and almost imperceptible forms. It is not by any means always proportionate to the gravity of the disease, though

real lesions have not been found save in pernicious fevers or malarial cachexia. Thus there are three forms of malarial amblyopia:

1. Amblyopia without lesion, due to the direct action of the poison on the optic nerve.
2. Amblyopia with no lesions discoverable by our present means of investigation.
3. Amblyopia with apparent lesions.

M. Poucet, said: "Eye symptoms are common in malarial fevers." The retina of malarial patients are often deeply pigmented; the choroidal capillaries may be blocked by collections of white corpuscles exceeding by forty or fifty times the diameter of the vessels. Sulphate of quinine being given these masses break up and the symptoms disappear; this would also explain those limited paralyses we find in these cases. Hemeralopia, often coexists with the malarial symptoms and appearances, which would go to show the essential connection between hemeralopia and peripapillary œdema.—*Recueil d' Ophthalmologie, July.*

L. Webster Fox, M. D., and Geo. M. Gould, A. B., have an acute and interesting paper "On Heat Considered as the Retinal Intermediate of Light and Color Sensation," in the July number of *The American Journal of Ophthalmology*. We hope to have more to say of this next month.

INSTILLATION OF COCAINE FOLLOWED BY GLAUCOMA.

Dr. Julian J. Chisholm records another instance of the instillation of cocaine being followed by glaucoma, in the July number of the *American Journal of Ophthalmology*. The patient had been operated upon (iridectomy) for glaucoma fifteen months before—V. R.=15-xv. A four per cent. solution of cocaine was twice dropped in the eye to allay the pain of an astringent wash. Within three quarters of an hour patient returned with pupil dilated; T. +; and V=less than fingers at 2 ft. A one grain solution of eserine was freely applied, and blood taken from the temple by an artificial leech. In six hours, V=15-xv and pupil contracted. We have recorded similar accidents in our number for March, 1886, p. 738, and in that for June, 1886, p. 1004. It is needless to dilate upon the importance of these observations.

BLINDNESS DUE TO DECAYED TEETH.

Dr. Widmark, a Swedish surgeon, having as a patient a young girl, in whom he was unable to detect the slightest pathological changes in the right eye, but who was yet completely blind on that side, sent her to M. Skogsborg, a dental surgeon, who found that all the upper and lower molars were completely decayed, and that in many of them the roots were inflamed. He extracted the remains of the molars on the right side, and in four days time the sight of the right eye began to return, and on the eleventh day after the extraction of the teeth, it had become quite normal.

The diseased fangs on the other side were subsequently removed, lest they should cause a return of the ophthalmic affection.—*London Lancet*.

ABSCESS IN THE CAVITY OF THE ORBIT AFTER ACUTE NASAL CATARRH.

Dr. Arthur Hartmann, in the *Berl. Klin. Wochenschrift*, reports a case of abscess occurring in the orbit after acute nasal catarrh. An otherwise healthy young man (of 26 years) presented a marked left exophthalmos (a consequence of retrobulbar abscess,) with some impairment in the movements of the eye-ball in all directions, and also a discharge of very offensive pus from the left nostril. Three weeks before, the patient suddenly felt one morning, violent headache on the left side, with chilliness and heat; and in a few hours the left eye became swollen and bulging. The pains in the head lasted for eight days, and then the symptoms began to subside. Six days before examination, fever and headache re-appeared and persisted. By pressing upon the left eye, an ill-smelling pus could be forced out through the left nostril. The patient had suffered from acute catarrh fourteen days before the appearance of this trouble. Recovery promptly took place after the removal of a sequestrum from the left nostril.—*N. Y. Medizinischer Presse*.

BOOK-NOTICES.

On the Origin and Development of the Bacillus Tuberculosis in the Human Lung, Liver, Spleen, etc. Illustrated. By H. D. Schmidt, M. D., Pathologist of the

Charity Hospital, New Orleans. [Armand Hawkins, New Orleans, or *Chicago Medical Journal and Examiner*.]

Our esteemed friend and teacher, the venerable Dr. H. D. Schmidt, has just written a most excellent and exhaustive paper on the above text, which was first published in four numbers of the *Chicago Medical Journal and Examiner*, and has just now been issued in pamphlet form by the managers of this Journal, and is offered for sale at their office or at Mr. Armand Hawkins' establishment, 196½ Canal street, New Orleans.

This article, written by one of so great an experience, who, by his position at the Charity Hospital, enjoys so vast an opportunity of thoroughly studying this subject, is certainly the best and most comprehensive as yet written on this subject. The author is not satisfied with stating what others have done, but gives us the benefit of his personal experience, in following the methods indicated by different observers for the study of the bacillus tuberculosis.

The work is divided into six parts, as follows: Part first is devoted to a general introduction to the subject; part second treats of the methods of staining as advised by Koch, Gibbes, Ehrlich, and others, and of the modifications in the staining followed by the doctor and the advantages thereof; it also contains a deserved criticism on the imperfections of Koch's original method of staining. In part three, the morphological characters of the bacillus tuberculosis are considered; the bacillus tuberculosis is in reality a bacterium and not a bacillus; instead of being a rod containing spores, it is made up of one, two, or more diplococci, more or less closely connected together; the author proves his assertions by his personal observations and by the discrepancies in the statements of Koch, Watson-Cheyne, Cornil and Rabes, and others. Part four is devoted to a full history of the origin, development, degeneration, and death of the tubercle of tuberculosis; the tubercle arises from connective tissue cells, and not from epithelial cells. In part five the relationship of the bacterium tuberculosis to the tubercles of the human lungs and other organs is shown; the bacterium does not originate in the protoplasm of the cells as believed and asserted by other writers, but originates in the nuclei of the connective tissue cells; this is proved by irrefutable arguments which we know to be correct, for we have had the pleasure of observing ourselves, under direction of the author, the bacilli-containing nuclei, while the protoplasm of the cells

and the tissues around were altogether free from the organisms.

Accompanying the article are three excellent lithographic plates, drawn upon the stones by Dr. Schmidt himself; these are perfectly exact, of fine artistic finish, greatly help the proper understanding of the article, and attest the great abilities of the author.

We think that this work, ought to be read by all who take an interest in scientific investigations, and we sincerely trust that not a single one of our readers will fail to give it a prominent place in his collection. P. E. A.

Inflammations of the Liver and their Sequelar. By Prof. George Harley, M. D., F. R. S.

It has recently been my good fortune to come into the possession of this little book, which I have read with deep interest and great profit.

No one who is familiar with Dr. Harley's great work on "*Diseases of the Liver*," but must have a profound conviction of his superior ability as an original thinker, a medical scientist and a logical and lucid expositor of the subjects brought under his keen and scientific researches.

His little volume, just published in England, on "*Inflammations of the Liver and their Sequelar*," is the natural outcome of his long and profound study of the functions and diseases of this important organ, and places him far in advance of all other medical writers and investigators of the same subjects.

The little volume forming the basis of this short review is filled with discriminating observations, bold and original researches and practical suggestions as to the treatment, of the most thrilling interest. Who, but Dr. Harley, has ever seriously thought of, much less put in practice the direct abstraction of blood from the liver to relieve its inflammations? And yet he has been bold enough to suggest and put in practice "*Hepatic Phlebotomy*," abstracting directly from the liver with a trochar as much as 20 ounces of blood, with prompt relief and recovery of the patient.

No medical practitioner or student, who aspires to eminence and usefulness in his profession, and who desires to avail himself of the researches and practical suggestions of the great minds of the profession, should fail to get this grand little book, not only read it, but study every paragraph and master every thought it contains. It is a veritable treasury of knowledge of the subjects upon which it treats. D.

*Transactions of the Louisiana State Medical Society
at its Eighth Annual Session Held at New Iberia,
La., April 14, 15 and 16, 1886.*

This is undoubtedly the best and largest volume of transactions ever issued by the Society. Best, because it contains a greater number of papers of value and interest, and this again is due to the vim displayed by the last Committee on Scientific Essays, Reports, etc. This committee, early in the year, subdivided itself into committees which continually solicited from the profession of the State, papers, reports, etc., and with success, as the volume before us shows. In this result, we feel pardonable pride, for we spared no pains to spur the zeal of the committee whenever it showed signs of flagging, to encourage it in continual well doing, and to chronicle its good work and thus incite to better. Let us hope that the Committee of 1886-7 will rival and even surpass its predecessor of 1885-6.

Our review of the volume must be brief, for the reason that the greater part of its contents have already been given to our readers in our own pages. Thus, we have published in our number for May and subsequent numbers, the List of Officers for the coming year; the Standing Committees; the Minutes of the Meeting; the excellent Address of the President; the Annual Oration; Dr. Hebert's paper on Typho-Malarial Fever; Dr. Matas' essay on Iliac Phlegmons, which so competent a critic as Dr. Sam'l. Logan, pronounced the most complete one upon this subject he had ever heard or read; the paper on Malarial Hæmaturia by our Nestor, Dr. Day, and the report of two rare cases of Extra-Uterine Pregnancy, by Dr. Woolf. Of the two papers, Malarial Pneumonia, and Reports of Cases of Traumatic Tetanus, by Dr. Fox, the first is very practical and abounds in useful little hints suggested by old experience in the struggle with disease; while the second is valuable from its exact details. Dr. McShane's Case of Pyopneumo-thorax is another valuable record of a rather rare pathological event. Dr. Seay in remarks on the Preventive Treatment of Fevers touches on Elliott's, Ord's and Broadbent's theories, and endeavours to deduce some hints for treatment; while Dr. Friedrichs instructs the general practitioner on the most practical points in the care of the teeth. Mr. Stathem's volunteer paper on Ozone should be carefully read. It contains much material for thought, and is the record of a vast amount of conscientious labour. The same may be said of Dr. Jos. Jones statistical paper,

the chronicle of eighteen years of work in our Charity Hospital. The tables are valuable for reference, and would be still more so were the system of registration and case taking as good and thorough as it should be in this great institution. At present we think that it is impossible to obtain perfectly reliable histories of cases unless the physician dictates them himself—a wearisome task for which few of us can command the necessary time. The Constitution of the Society, the Regulations for Parish Medical Societies, and the Code of Ethics might be omitted from the volume with advantage. They only serve to increase its bulk. Having been printed in many former volumes and sent to every regular practitioner in the State, they are now within easy reach of all. The Society could show itself fully in accord with the code by printing sect. 1, of its (the Society's) preamble on the title page of the volume of Transactions.

Finally we must congratulate the Committee on Publication on the neat manner in which the book is gotten out, on the good large type, and the careful proof reading. All this requires care and trouble and the choice of a good printer. If the Society produces a better volume next year, it will be one to be very proud of, and will deserve binding in good cloth covers, at least.

PUBLICATIONS RECEIVED.

Massage in Nervous Diseases. By Geo. W. Jacoby, M. D. Reprinted from the *Journal of Nervous and Mental Disease*, June, 1886.

Surgical Lesions of the Brain and its Envelopes. By Nicholas Senn, M. D. Reprinted from the *Medical News*, August 28, 1886.

Iritis. By A. G. Sinclair, M. D., Memphis, Tenn. Read before the Medical Society of the State of Tennessee at its Fifty-Third Annual Session, Memphis, 1886.

Some Recent Experiences in Clinical Surgery. By Donald Maclean, M. D. Reprinted from the Transactions of the *Mich. State Medical Society*, 1886.

Amputation at the Hip Joint for Morbus Coxæ, with a Case and a Specimen. By Donald Maclean, M. D. Read before the Surgical Section of the American Medical Association, at the Thirty-Seventh Annual Meeting.

Electrolysis in Gynecology, with a Report of Three Cases of Fibroid Tumor Successfully Treated by the Method. By Franklin H. Martin, M. D., of Chicago. Reprinted from the *Journal of the American Medical Association*, July 17 and 24, 1886.

Osteo-Sarcoma of the Orbit. By Chas. W. Kallock, M. D., Charleston, S. C.

A Case of Ovariectomy, with Comments. By L. S. McMurtry, A. M., M. D., of Danville, Ky. Reprinted from the *Medical Herald*, August, 1886.

Impetigo Contagiosa. By E. J. Beall, M. D., Fort Worth, Texas. Reprinted from Daniel's *Texas Medical Journal*, August, 1886.

Bulletin de L'Académie Royale de Medecine de Belgique, 3d Series, vol. xx, No. 5, 1886, (Bruxelles.) A. Manceaux, Impr. de L'Académie.

Report of Proceedings Illinois State Board of Health Quarterly Meeting, June 29-30, 1886.

Announcements.—Detroit College of Medicine; Cincinnati College of Medicine and Surgery; Roanoke College; University of Louisville, Medical Department; N. Y. Post-Graduate Medical School and Hospital; North-Western Ohio Medical College; Central College of Physicians and Surgeons, of Indianapolis,

Comptes-Rendus de L'Athénée Louisianais.

Report of a Case of Successful Transfusion in Typhoid Fever. By Wm. S. Whitwell, A. M., M. D.

Transactions of the Medical Society of the State of West Virginia, Nineteenth Annual Session, (Charlestown), May 19th and 20th, 1886.

The Treatment of White Swelling of the Knee. By A. B. Judson, M. D., Reprint from *New Medical Journal*.

Ichthyol und Resorcin als Repräsentanten der Gruppe Reduzierender Heilmittel, Von Dr. P. G. Unna, Hamburg und Leipzig, Verlag von Leopold Voss, 1886. pp. 85.

A Contribution to the Pathology of Hemianopsia of Central Origin. By E. C. Seguin. Reprinted from the *Journal of Nervous and Mental Disease*. By G. P. Putnam's Sons, New York and London.

Disinfection and Individual Prophylaxis Against Infectious Diseases. Lomb Prize Essay, American Public Health Association. By George M. Sternberg, M. D., Major and Surgeon, U. S. Army.

Homœopathy as Viewed by a Member of the Massachusetts Medical Society, an Address Delivered before the Hahnemann Society of the Boston University School of Medicine By Vincent Y. Bowditch, A. B., M. D., (Harv.)

Report of the Board of Managers of the Pennsylvania Hospital to the Contributors at their Annual Meeting, May 3, 1886.

Erysipelas and other Septic and Infectious Diseases Prevented by a Method of Atmospheric Purification. By David Prince, M. D., Jacksonville, Ill. Reprint from *American Practitioner and News*.

An Improvement in the Regular Operation for Pterygium. By A. E. Prince, M. D., Jacksonville, Ill.

I Dreamed of You, My Loved One. Song. Thos. Goggan & Bro., Galveston, Texas.

Primera Serie de diez Ovariectomias, per El Dr. D. Miguel A. Fargas, of Barcelona.

Illustrierte Monatsschrift der ärztlichen Polytechnik und Centralblatt der Orthopädischen Chirurgie.

Hydrophobia; M. Pasteur and his methods; a Critical Analysis. By Thomas M. Dolan, M. D., F. R. C. S.

The Relation of the State and the Medical Profession; an Address before the Alumni Association of the Department of Medicine and Surgery of the University of Michigan. By Charles J. Lundy, A. M., M. D.

Prospectus of the Pacific Record of Medicine and Pharmacy of San Francisco.

Medical and Dental Departments of National University, Washington, D. C.; Medico-Chirurgical College of Philadelphia; Bellevue Hospital Medical College.

Anatomiske Termini fra det Norske Landsmål.

The Government Sugar-Making Experiments; A Review of the Record of the Agricultural Department in Respect to Sugar-Making Machinery. By Hon. Chas. B. Lore.

Debate on the Application of Diffusion in the Manufacture of Sugar from Sorghum and Tropical Cane: Remarks in Congress by Senators Beck, Saulsbury, Eustis, Miller, Call, Plumb and Harris, including letters from various sources.

Deaths.

DR. E. W. AIKEN, of Winnsboro, S. C., died at that place, after a brief illness, on August 3d, 1886. He was graduated from the South Carolina Medical College, in the class of 1875, since which time he has practised his profession at the above named place. He was but 31 years of age.

DIED of whooping-cough, at Summerville, near Charleston, S. C., on the 26th of June, 1886, NELLIE, daughter of DR. and MRS. B. A. MUCKENFUSS, of Charleston, S. C. The child was about 3 years old.

DR. R. D. LONG, a life-long resident of Greenville, S. C., and a very skillful and successful physician, died at that place on the 17th of August, aged 56 years. Dr. Long was born of Massachusetts parents, who moved to this State years ago. At the breaking out of the war he volunteered with the Brook's troop—a gallant command that was raised in Greenville. During the four years struggle, he was conspicuous for his ability and skill as a hospital physician and surgeon. At the close of the war, he was elected intendant of the town of Greenville, serving two years during the trying time of reconstruction. He leaves a wife and several children.

DR. W. R. DOWNS. We learn from the *Courier Record* that Dr. W. R. Downs, a popular physician of Harrison County, Texas, died in his tent, while attending a camp-meeting, August 16.

DR. R. MAUPIN FERGUSON, lecturer on diseases of the eye, ear and throat, in the Louisville Medical College, died August 7th in Basle, Switzerland, aged 29 years.

DR. W. A. CARSWELL, died at his home in Heber, Ark., on the morning of September 8th. We learn from the

Picayune, that he was a native of Charleston, S. C., and graduated at the Charleston Medical College. He entered the United States army as assistant surgeon, and served in Texas with Captain, afterwards General Van Dorn. When South Carolina seceded, he immediately resigned and repaired to Montgomery, and was the first surgeon to offer his services to the Confederate Government. He was stationed at Charleston, afterwards at Pensacola, and afterwards as surgeon with the army of General Lee. After the war he returned to private practice, and for several years lived near Rome, Ga. He then moved to Arkansas. He was well known in this city, and many wounded Confederates remember his services in the hospitals in Virginia and around Washington.

DR. ELLSWORTH E. HUNT, died in Pensacola, Fla., on August 17th, at the home of our friend, Dr. R. B. S. Hargis. Dr. Hunt was the son of Dr. Ezra M. Hunt, of Trenton, N. J., and had been sojourning in Florida since last fall, for the benefit of his health, which, to within a short time, had seemed to be improved, when a profuse hemorrhage from the lungs terminated his life.

DR. JAS. G. GIVEN. An Austin, Texas, paper of Aug. 27, says: "Dr. James G. Given, late Assistant Superintendent of the Insane Asylum, died Wednesday night at 12:10, of paralysis. He had been ill for several months, and seriously so for about two weeks. He was born in Paducah, Ky., in 1852, but was reared to manhood in New Orleans, where his father was among the leading wholesale merchants. Dr. Given, after receiving a classical education, studied medicine in New Orleans, and then went to Edinburgh, Scotland, where he completed his course. He moved to Austin in 1876, and was made first assistant physician of the Insane Asylum, under Dr. Wallace, which position he held during the doctor's term of office. When Dr. Denton took charge of the institution he made Dr. Given Assistant Superintendent.

DR. WM. M. KEMP, one of the oldest and most favorably known physicians of Baltimore, died at his residence, No. 75 North Greene St., on Sept. 6, after a protracted illness.

DURING the past month died EDWARD McSHANE, the father of our colleague, Dr. A. McShane. We know that his friends will join with us in this expression of our sympathy and sorrow.

MEDICAL NEWS AND MISCELLANY.

"Progress." We have received and examined the first number of *"Progress"* a new Journal, edited by Dudley S. Reynolds, A. M. M. D., and published in Louisville, Ky. The contents are rich and varied, and of practical value to the practitioner of medicine. We cordially welcome the new-comer and bespeak for it the success to which a first-class Medical Journal is entitled. We shall take pleasure in putting it on our exchange list.

DR. JOHNSTON WRITES TO US: Some changes have taken place in the faculty of the Medical College of Virginia. Dr. M. L. James, who has so faithfully and efficiently discharged the duties of Dean of the Faculty for the past six years, has resigned this office that he might devote more time to his private business and also to writing for the journals. To succeed Dr. James, the faculty selected Dr. J. S. Dorsey Cullen. Dr. Jno. R. Wheat retires from the Demonstratorship of Anatomy, and Dr. Lewis C. Boshier goes in. Dr. David Coleman was elected Prosector to the Chair of Anatomy. These changes alter the personnel of the Anatomical Board of Virginia, which is now constituted thus: Geo. Ben. Johnston, Prof. of Anatomy, Medical College of Virginia, President; Lewis C. Boshier, Demonstrator of Anatomy, Medical College of Virginia, Secretary and Treasurer; Wm. B. Towles, Prof. of Anatomy, University of Virginia; J. L. Cabell, Prof. of Surgery, University of Virginia; J. S. Dorsey Cullen, Prof. of Surgery, Medical College of Virginia; Douglas Tardy, Demonstrator of Anatomy, University of Virginia. This Board is appointed by law to regulate the dissection of dead human bodies in the State of Virginia, and many of the annoyances, which formerly attended this important feature in medical education, have been removed by its workings.

OUR Atlanta correspondent, Dr. Geo. H. Noble informs us, that the case which was announced in the secular press as, the "removal of a rib," was in truth one of resection of a portion of a rib in a case of pyothorax, by Dr. Nickolson, of that city. In the same letter, Dr. Noble informs us that Dr. C. A. Wilson, of Atlanta, recently removed a rather interesting tumor from the occiput of a negro woman. Several years ago the patient fell and

struck the site of the tumor, which had grown slowly to about the size of a hen's egg. It was twice lanced, a free flow of blood following and continuing for some time. On removal, the tumor was found to have led to absorption of both tables and to be pressing upon the dura mater, though there were no symptoms of compression of the brain. The diameter of the opening in the skull was about an inch. On section the tumor had the appearance of an aneurism with thickened walls.

Though Dr. Chas. Pinkney, of Atlanta, does not believe in specifics for whooping-cough, he thinks that creasote, ten drops in an ounce of glycerine, painted over the fauces and pharynx, comes as near being a specific for the disease as anything he knows of.

THE office of the *Texas Courier Record of Medicine* has been removed from Fort Worth to Dallas, Texas.

A CASE OF HYDROPHOBIA has just occurred at Fort Worth. The child was bitten about four weeks previously; was carried to Denton and a mad stone applied, for which the parents paid \$25. Not feeling satisfied with this, and hearing of another mad stone out West somewhere, the parents secured this one at a cost of \$50, and applied it, but all to no purpose, (of course.) The child was taken with hydrophobia and died in a few days.—*Texas Courier Record of Medicine*.

A NEW Medical College. The Beaumont Hospital Medical College has been organized in St. Louis.

THE Medical Society of Virginia will hold its next Annual Session in Fredericksburg, Va., Oct. 26, 1886.

DR. T. H. NOTT, of Goliad, is now President of the Texas State Medical Association

DR. WM. C. DABNEY, of Charlottesville, Va., has been elected to the Chair of Practice of Medicine, Obstetrics and Medical Jurisprudence, in the Medical Department of the University of Virginia: Dr. Wm. B. Towles to the Chair of Anatomy, Materia Medica and Therapeutics.

HARDIN Co., Kentucky, has appointed Dr. C. Z. Aud, Health Officer, with a good salary.

THE *Mississippi Valley Medical Monthly* says: "A few cases of the dread malady, yellow fever, have occurred in New Orleans and Biloxi." So it goes. It will be impossible to convince outsiders that we haven't had "a tech," a few hundred cases or so, of yellow jack this Fall. But we assure our friends outside that there is not the slightest cause for alarm. With one of our new patent 19th century "cordons" and a hundredweight or so of "bichloride" in the hands of a well trained sprinkler, no guilty germ has the faintest chance of escape.

AN exchange speaks of a vessel with yellow fever on board arriving at "Ship Island quarantine New Orleans." Ship Island is on the Mississippi Sound, some seventy-five miles east of New Orleans, in an air line. It is not a part of New Orleans, nor is it a State, but a National, quarantine station. Such vessels as load at Ship Island, do so with lumber which is towed to them from the coast of Mississippi and Pearl River.

NEARLY fifty physicians have settled at Kansas City within the past two months.

TENNESSEE is becoming over-run with quacks and incompetent physicians. Copy North Carolina's law for them and see them go elsewhere. They will yet prove a blessing.

E. H. HORNADAY, M. D., reports to the *N. C. Medical Journal* a case, where he had reason to believe that a man took, with suicidal intent, 420 grains of chloral hydrate and recovered. He attributes the recovery to the fact that the patient had taken during the course of a few hours before a quart of whiskey.

DR. H. C. DALTON, has been appointed by the Mayor, Superintendant of the City Hospital, St. Louis.

IT makes all the difference in the world whose ox is gored. The *Picayune* after lecturing the Biloxians on the virtue of cheerful submission to the decrees of Providence, and the Louisiana State Board of Health, has this to say of the miscreant who started the report of yellow fever aboard the S. S. Dunedin:

The attempt of the yellow fever mongers and speculators in human misery to get up a panic on the strength of a few cases of malarial fever on board the steamship Dunedin yesterday, was entirely frustrated by the prompt

treatment of Dr. Holt, President of the Board of Health. He turned the whole matter over to a commission of yellow fever experts, composed of a number of eminent medical practitioners of the city, and they, on investigating the cases, declared the patients sick of simple malarial fever. Thus a complete and decisive quietus was put on the attempted sensation.

At the recent meeting of the British Medical Association, two Americans, Major Billings, M. D., U. S. A., and Prof. N. S. Davis, of Chicago, were elected honorary members.

It is reported that another of M. Pasteur's patients has just died at Leste, near Bordeaux, after undergoing ten inoculations. The victim is a little boy, named Cladicie, aged three and a half years, who was bitten by a mad dog on June 14th, last. Treatment was begun June 16th.—*Brit. Med. Journal*, Aug. 28th.

In the *Austin Daily Statesman* of June 13, Dr. J. W. McLaughlin published an earnest appeal to the Board of Regents of the University of Texas for the establishment of a chair and laboratory of biology in that great institution. The same appeal was made by resolutions passed during the last session of the Texas State Medical Society.

We commend both to the consideration of the directors of our own Tulane University. The establishment of such a department would give much needed and longed for facilities for study to many Louisianians.

UNDER the pressure of circumstances, the versatile reporters of New Orleans have invented a new word—the verb “to ambulance”. They now say an injured person “was promptly ambulated to the Hospital.”

It is now said that Secretary Manning's illness was caused by poisoning with sewer-gas. Plumbers have found leaky pipes in a closet in the office formerly used by the Secretary.

“No man with his wits about him, who pretends to practice medicine, can believe for a moment that a dose of medicine attenuated to infinity, or water, *potentiated* by moonshine, can have the least affect, save through the imagination of the credulous.”—*Crawford, in So. Practitioner*.

MORTUARY REPORT OF NEW ORLEANS

FOR AUGUST, 1886.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial.....	17	9	13	13	15	11	26
“ Congestive.....	25	4	19	10	21	8	29
“ Continued.....							
“ Intermittent.....	1		1		1		1
“ Remittent.....	5	3	3	5	5	3	8
“ Catarrhal.....							
“ Typhoid.....	2	1	1	2	2	1	3
“ Puerperal.....	1	3		4	4		4
Scarlatina.....							
Small-pox.....							
Measles.....							
Diphtheria.....	2	2	2	2		4	4
Whooping Cough.....							
Meningitis.....	15		7	8	4	11	15
Pneumonia.....	4	2	2	4	1	5	6
Bronchitis.....	1	2	1	2	1	2	3
Consumption.....	39	35	41	33	70	4	74
Congestion of Brain.....	10	2	6	6	9	3	12
Diarrhœa.....	10	3	8	5	7	6	13
Cholera Infantum.....	16	4	10	10		20	20
Dysentery.....	7	2	5	4	8	1	9
Debility, General.....	3	2	2	3	5		5
“ Senile.....	17	13	13	17	30		30
“ Infantile.....	9	6	7	8		15	15
All other Causes.....	172	84	130	126	173	83	256
TOTAL,	356	177	271	262	356	177	533

Still Born Children—White, 25; Colored 20; Total 45.

Population of City.—White, 173,500

“ “ Colored, 64,500

Total, 238,000

Death rate per 1000 per annum for month.—White, 24.62.

“ “ “ “ “ “ Colored, 32.93.

“ “ “ “ “ “ Total, 26.87.

W. H. WATKINS, M. D.,

Sanitary Inspector

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—AUGUST.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in in. & Hund.	GENERAL ITEMS
		Mean	Max.	Min.		
1	29.990	79.6	90.1	76.0	.56	Mean Barometer, 29.942.
2	29.952	81.6	90.0	77.2	.04	Highest Barometer, 30.137. 10th.
3	29.917	82.8	91.2	77.3	....	Lowest Barometer, 29.765. 29th.
4	29.945	82.9	91.2	77.0	....	Monthly Range of Barometer, .372.
5	29.979	82.8	92.8	77.1	.02	Lowest Temperature, 67.8, 24th.
6	29.930	82.4	93.0	76.5	.12	Monthly Range of Temperature, 26.9.
7	29.902	83.7	91.4	75.7	....	Greatest daily range of Temp. 21.2.
8	29.556	80.7	90.0	74.5	....	Least daily range of Temp're, 6.7.
9	30.046	79.6	89.3	74.5	....	Mean daily range of Temperature, 14.3.
10	30.128	80.5	87.1	76.3	....	Mean Daily Dew-point, 72.9.
11	30.073	80.2	88.5	75.2	....	Mean Daily Relative Humidity, 77.3.
12	29.993	82.3	92.0	76.5	....	Prevailing Direction of Wind, S. W.
13	29.992	82.6	90.4	76.8	....	Highest Velocity of wind and direction,
14	29.985	82.7	92.0	74.8	....	23—N. W.
15	29.967	84.5	94.2	76.6	....	Total Movement of Wind, 43.99 miles.
16	29.956	85.2	94.7	78.4	....	No. of clear days, 11.
17	29.948	82.0	89.7	78.2	.26	No. of fair days, 19.
18	29.910	83.8	93.6	78.0	....	No. of cloudy days, 1.
19	29.909	81.8	90.5	72.6	.31	
20	29.983	82.3	90.1	77.8	.02	
21	29.988	82.0	89.8	75.9	.07	MEAN TEMPERATURE FOR THIS MONTH IN
22	29.911	78.4	87.0	73.8	.09	1873.....84.2 1880.....81.3
23	29.813	81.3	91.4	75.5	....	1874.....83.9 1881.....82.8
24	29.819	80.3	89.0	67.8	.79	1875.....79.3 1882.....80.0
25	29.949	80.1	88.5	75.8	.02	1876.....82.2 1883.....83.3
26	29.932	79.2	84.9	74.9	.05	1877.....83.1 1884.....82.3
27	29.898	81.1	89.4	75.3	....	1878.....83.5 1885.....80.4
28	29.865	80.3	88.9	74.7	.05	1879.....81.0 1886.....81.4
29	29.788	80.5	88.2	74.5	....
30	29.804	78.0	82.0	75.3	....	TOTAL PRECIPITATION (IN INCHES AND
31	29.963	78.5	86.2	72.8	....	HUNDRETHS) FOR THIS MONTH IN
.....	.....	.....	.....	.....	.....	1873..... 8.30 1880..... 4.60
Sums	.....	.....	.....	.....	2.40	1874..... 4.82 1881..... 4.21
Means	29.942	81.4	.....	.....	....	1875..... 8.61 1882..... 9.47
						1876..... 4.44 1883..... 4.12
						1877..... 2.54 1884..... 0.87
						1878..... 3.31 1885..... 4.25
						1879..... 10.44 1886..... 2.40

M. HERMAN, *Sgt. Signal Corps, U. S. A.*

Mind your Eyes!

Translated (with the author's permission) from the French of

FRANCISQUE SARCEY,

—BY—

HENRY DICKSON BRUNS, M. D.,

Visiting Oculist to the Charity Hospital, New Orleans,

PUBLISHED BY

The New Orleans Medical Publishing Association.

This is a very charming little book: and, being little and being charming, the reader cannot relinquish it without having read it through. There results therefore, a very strong impression in favor of the book, and it may be rationally argued that one large dose of a small book is calculated to do more good than many homoeopathic doses from a larger one. The effect produced is more vivid, and, if the subject is well handled, a more complete knowledge of it is attained.

Mr. Francisque Sarcey's chief object in thus writing is to warn myopic people to wear glasses in time, and thus to avoid the danger of cataract. As being himself the victim of very high myopia, and having, through neglect and ignorance of the impending danger, lost one eye and in the other suffered from a cataract, which was finally removed, he feels impelled to write out for the benefit of his fellow sufferers all the particulars of his case. He does this in a style at once simple and philosophical, and in the particular vein of humor so eminently French.

It would be very pleasant to give portions of his narrative here, but as the book is within the reach of every reader—and as every reader should certainly possess a copy of it—that is scarcely necessary. So far as the accurate scientific knowledge displayed in the little work is concerned, it need only be said that Dr. H. D. Bruns has given it the high sanction of his endorsement.

The New Orleans Medical Publishing Association has brought it out in large type and on excellent paper.—*Gaillard's Medical Journal*.

A dainty booklet, translated from the French of Francisque Sarcey, by Dr. Bruns, of New Orleans. It is the charming story of a near-sighted man who had the wit and the skill to portray his own sensations all through the revelations which befel him by the accidental application of his father's spectacles in a boyish prank to his myopic eyes, and his vivid recollections of a cataract extraction. It is a valuable lesson to advise our lay patrons to read it, and they will prove themselves doubly myopic if they cannot enjoy it.—*North Carolina Medical Journal*.

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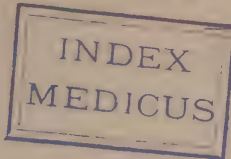
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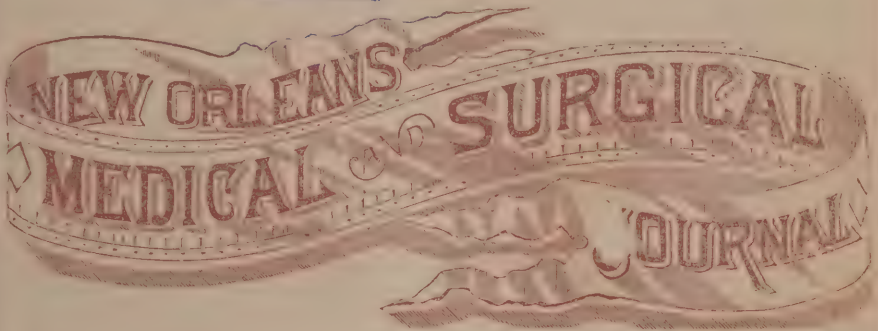
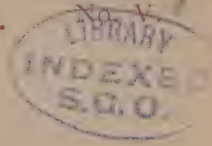
VOL. XIV.

NOVEMBER, 1886.

WHOLE No. 263.



The



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*Paucum sepultæ distat inertia
Celata virtus.*—HORACE

Published by the New Orleans Medical Publishing Association.

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1886.

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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

NOVEMBER, 1886.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

A Glimpse at Spanish Medicine.

It rarely happens that a medical tourist wanders from the banks of the Mississippi, and especially from New Orleans, to this part of the world, and particularly, if the purpose of his travel be that of scientific enlightenment, or even the simple gratification of medical curiosity. The great itinerary of the medical men who leave America with the view of increasing the wealth of their professional ideas is usually London, Edinburgh, Dublin, Paris, Vienna or Berlin. In other words, Great Britain, France, Austria, Germany, and maybe Switzerland and Italy are the countries of the Eastern world where the American student believes he can find institutions worthy of his homage.

To the American physician, Spain offers few inducements. The distinguished men of the country are so seldom heard of across the ocean, whereas, the names of English, French, German, Austrian, Swiss, and even Italian leaders are almost as familiar as those of the great men at home; besides, the original scientific work done in Spain is so rarely quoted and discussed, or is so silently

done that its existence is justly doubted. Furthermore, Spanish names so seldom appear on the rolls of the great international assemblies of medical men, and their institutions of science appear so indifferently of representation abroad that it is not surprising that Americans are rarely tempted to cross the Pyrenees with the view of increasing their acquaintance with their Spanish *confrères*.

I must admit that, prejudiced in a great measure by similar opinions in regard to Spain as a land of scientific promise, I would not have undertaken this extended pilgrimage with the sole purpose of contributing my devotions to its Esculapian shrines. Other motives, however, compelled this visit, and afforded an opportunity for an investigation which, if limited and only sectional thus far, has been sufficient to improve my notions of Spanish medical resources, and to acquaint me with men whose ability and representative character have served to develop a sincere respect and higher appreciation for the institutions which they represent.

Thus far I have only traveled in Catalonia, and most of my time has been spent in this city, the great metropolis of the province, Barcelona. Barcelona itself, after Madrid, is the largest and most popular educational and medical center in the Spanish peninsula. This you can easily appreciate when you consider the commercial prestige of the city and its advantageous geographical position, which have tended to make it the wealthiest and most attractive metropolis, after the national capital, in Spain.

In the last twenty or thirty years Barcelona has increased enormously, not only as regards its topographical limits, but also in its population. For instance, according to the census of 1869, there were 193,493 inhabitants; in 1873, there were 353,583, and in 1883 the population was estimated at 450,000 or 460,000. From this item you can readily appreciate the rising importance of this city in Spain, and can safely consider its educational institutions as among the most representative in the country.

I would like very much to give you a complete account

of Barcelona as a medical center; to present if only a brief sketch of all those institutions that have a medical interest, such as the numerous charities, infirmaries, and asylums, of which there are many, but as your space is limited and your time precious, I will only busy myself with what is more important, and even this very cursorily.

THE MEDICAL COLLEGE OF BARCELONA.

This is at present the Medical Department of the celebrated University of Barcelona, which traces its origin as far back as the XIII century, and in the *alma mater* of the most distinguished Catalonian statesmen and literati. It was in this University that Don Antonio de Gimbernát, of anatomical fame, taught anatomy and prosecuted his original researches on hernia. The Medical Department is a separate building, quite a distance from the University proper, and is attached to the *Hospital de Santa Cruz*, the largest charity of this city, where the students are advantageously situated for purposes of clinical instruction. The Medical College was founded by Dr. Pablo Virgili, Surgeon to Charles III of Spain, who, in recognition of important surgical services to himself, granted his attendant the privilege of founding a medical school in Barcelona. The building was erected in 1760, and was known as the "*Colegio de Cirugia*," until 1795, when the name was changed to the "*Colegio de Cirugia Médica*." In 1797 it changed its name to that of "*Colegio de la Facultades Unidas*," which it retained until 1827, when it adopted its present title: "*Colegio de Medicina y Cirugia*." The school as it exists at present is insufficient to satisfy the needs of the large and increasing classes that yearly gather in Barcelona to attend the course of lectures, and, in consequence, a new college building and hospital have become an urgent necessity. A plan of the new building has already been made and accepted by the faculty, and after the location is definitely settled the building will be constructed.

We trust that the new College will be worthy of the University, which is a new and admirably constructed building—a real marvel of architectural beauty and academic style.

The Medical College, as it exists at present, is much smaller than the Medical Department of Tulane University, and judging by its size alone, it is difficult to conceive how it can even admit the 610 alumni who attended the lectures during the last session of 1884-5. Though the College is closed at present, and almost all the professors were out of the city, on account of the vacation, I was permitted to examine the whole building very thoroughly, and noticed this want of space in each department. When we consider however, that the course here is graded throughout, and that the classes are all broken up into small sections by the many branches of the curriculum, we can readily understand how easy it would be to accommodate a large class of Spanish students, where it would be impossible to accommodate one-half or one-third the same number of Americans, who attend the lectures simultaneously or *en masse*, without breaking up into classes of 1st, 2d, 3d, 4th, 5th and 6th coursemen, as is done here. But to return to the College building. The largest hall in the building is the Anatomical amphitheatre, where the didactic lectures on anatomy and surgery are delivered. The Amphitheatre is circular, and measures about 11 meters, across the floor, or arena. The benches are arranged in five grades, and can accommodate over 200 students. The hall is surmounted by a glass dome, which admits plenty of light and air. In a crypt in the wall, there is an excellent marble bust of the founder, Dr. Virgili. Opposite this hall is the dissecting room, which I must say is decidedly inadequate for its purpose. I counted in all about 13 tables for subjects, and supposing that the room could accommodate 20, which I fear would be impossible, we can easily conceive of the difficulties of giving a solid *practical anatomical* education to a class of 600 men with such scant material. The light and ventilation are also bad

Anatomical material is scarce here, notwithstanding the large hospital close by, because there is no *official* obligation on the part of the hospital authorities to supply subjects to the College. The museum, which is a dependency of the Anatomical department, has been removed to the University building, but it is very poor as a whole, and cannot compare with the museum in Tulane University.

In the second floor there are lecture rooms for the Professors of Therapeutics and Materia Medica, Physiology, Obstetrics, Medical Jurisprudence and Toxicology, all of them constructed on very much the same plan as those of our College, only about one-third smaller. The cabinet of Materia Medica contains over 2,000 specimens and a good collection of pharmaceutical utensils. The Toxicological cabinet is well supplied with reagents and the apparatus needed for the detection of poisons. The Physiological cabinet, which adjoins the preceding two is divided into two sections, one for vivisections and the other for microscopic studies. It contains quite a collection of microscopes, but they are mostly obsolete or antique instruments. The Histological department is of new construction, but as the specimens and instruments had been put away during the vacation, I was not able to examine any of the preparations. In the Physiological apartment there is quite an assortment of vivisectional appurtenances, among which I noticed Claude Bernard's large table for experiments, and several registering cylinders. There are aquaria for frogs, and crates for dogs, rabbits and guinea pigs. The Surgical cabinet is also supplied with a collection of instruments, but they reminded me very much of the antique surgical arsenal in our museum. This is more of historical interest than of a practical value.

There is a Studio connected with the College, that will be worth imitating some day in our schools. It is a sculptor's cabinet. In this room impressions and casts are taken of remarkable pathological specimens such as tumors,

and casts of patients before, and after, important operations. In this way permanent and artistic records of the work done in the school and hospital are kept, greatly to the advantage of the museum.

There is a special medical artist who is in charge of this department, and is a salaried member of the faculty.

Chemistry and Physics are not studied in the Medical College, but in the University proper these branches receive special attention, as they belong to the Academical course and are required as preliminary studies. Thus we find that the medical student when once admitted into the Medical department is not obliged to waste his time on the very A B C of the physical science, but he is taught to develop and perfect the elements received in the Academical department so that he may apply them to the exigencies of his practice.

The Library of the College contains over 4,000 volumes for the use of students and practitioners. It contains many ancient tomes on Spanish medicine and the older classic authors, many of them bearing a date older than the XVI century. Some of these were expurgated by the Holy Office—the Inquisition—which condemned as sacriligious many of the books which dealt with the generative functions.

The Examining Hall, or “Green Room,” as our students would call it, is a sombre apartment well calculated to test the moral courage of the aspirants. The examinations are open to the public, and the student is exposed to the gaze of his fellow students and friends, who sit in long rows of antique chairs. The tribunal or committee of examiners sits on a platform overhung by damask curtains that give the whole apartment a judicial character. The effect, I presume, is very much increased by the solemn dress of the professors who still cling to the long academical gowns and mantles. The whole affair would doubtless cause an American unaccustomed to such ceremony, to feel very much as if he were about to be tried by a Council of Grand Inquisitors preparatory to the delights of an *auto de fe*.

In a country where mediævalism left so deep an impress as in Spain, it is not surprising that all official acts and ceremonies are attended, even to day, with a certain solemnity and spectacular gravity that must appear strange and even queer to one accustomed to our republican simplicity. There is no doubt, however, that in Spain and in the rest of Europe these peculiarities are gradually disappearing and that the peculiar academic costumes etc, are being relegated to the records of history. I understand that some of the professors are beginning to cast them off as useless anachronisms.

The College session lasts eight months, beginning in October and ending in June. The course of study required to obtain the degree of "Licentiate in Medicine" covers a term of six (6) years including one year of *ampliacion* or preparatory study. But it must be remembered that the medical student in Spain must present before he is allowed to matriculate as a medical student, a diploma certifying that he has been graduated a bachelor of Arts in the University of Barcelona or in some other creditable university of Spain. So that the college life of a medical student must, if we sum up the years required to obtain both the academical and professional degrees, amount to 12 years! Luckily for the medical student, who is as inpecunious as elsewhere, his medical education is, comparatively speaking, cheap, though still dear from the Spanish standpoint.

I have been officially informed that there are twenty four (24) branches of study embraced in the medical course which signifies as many classes of lectures or professor's "tickets." Of these 24 tickets, 4 are included which belong to the preparatory course embraced in the study of chemistry, physics and natural history. The student takes a certain number of tickets every year and at the end of each session he is examined in the particular branches which they cover. If, during the six years which follow his matriculation he has proved himself a diligent student and has successfully passed the annual examinations, he is supposed to have gone through all the branches or "*asig-*

naturas” and is allowed to appear as candidate for the “*Licenciatura*” or degree. It appears that the student in Spain as elsewhere, is very often a jolly, good fellow who loves a “nice time,” etc., in which case he is very likely to be dropped for a year or two, and sometimes more, so that it is not at all rare to see students who have sat on the benches seven, eight and even ten long years before they have been granted the degree. Each “*asignatura*” or ticket costs about six dollars, so that the 24 tickets would cost at the end of the course, \$144.00. The diploma costs \$10.00, and the Government license in addition costs \$154.00 so that the cost of medical tuition alone would sum up to \$308.00. If we add to this the expense of anatomical material, books and instruments, we could estimate the total cost of a medical education at 400 or 450 dollars.

This estimate, of course, alone covers the cost of the *Licenciatura* which allows the graduate to practice. The degree of *Doctor* of Medicine requires a separate course of study, one year more, as a rule, and the presentation of a Thesis which must be printed and *defended* before the Faculty in the Central University in Madrid. This, of course, involves additional hard work and expense which is far from agreeable to the majority of practitioners who are usually satisfied with the degree of *Licentiate*. It is very fortunate for the medical students of this country that life is very cheap; I learn, in fact, that a medical student of economical tendencies, or who is so forced to be by necessity, can live quite comfortably with 10 reals daily or an allowance of 15 dollars a month. With this amount I do not doubt, with my knowledge of the country, that he can board, lodge, wash, smoke and attend to a number of other wants which are especially known to students. If it is in this respect alone, I need not add that a Spanish student is a luckier fellow than his American brother. I would like to dwell more at length on Spanish student life, to examine it in its multiple and interesting phases; to study the student socially, intellectually and comparatively, for he is a historic feature of Spanish so-

ciety; he is indeed an original character and possesses an individuality which has given him not only a national but a world-wide celebrity. It is here, in Spain,—the great land of legend and of romance,—that he is great,—here, his virtues, his loves and even his vices have been sung by the most melodious versifiers and have furnished themes for more than one delicious poem and imperishable romance. But this is a medical journal and I have already exceeded the boundaries of epistolary propriety. I must, therefore, restrict myself to what is strictly professional.

I cannot neglect to mention a very interesting feature of medical education in which Spain, in common with France, Germany and other European governments, differs radically from the United States, and that is in the status of the professors. It is in this respect that Europe is unmistakably ahead of us, and it is in this department that our educational system must undergo a reform, and in this direction that the first step must be taken if we are to solve the vexed question of medical education.

In Spain, the government is the supreme controller of the higher branches of education. The professors of all the Universities are *ipso facto* government officials who receive their pay and are under the supervision of the government. The Professorial Corps is divided into eight classes and salaries are paid according to the class to which the professor belongs. The rank of each professor is determined by his term of service, the first elected beginning with the lowest class, (the 8th), and ending with the first. The promotions from one class to another are determined by the vacancies that occur. The salaries are also graded by the classes to which the professors belong, those of the lowest class receiving 14,000 reales, or \$540 per annum, whilst those in the highest are paid 40,000 reales or \$2000 per annum.

The professors are all elected by competitive examination whenever vacancies occur in any of the Universities, and the applicants may apply from any section of the

country, so that a professor is often elected to teach in a community with which he is totally unacquainted.

There were formerly free or self supporting colleges, but these have been completely done away with, so that at present all the Universities of Spain are under Government control. This system is unquestionably superior to our own, but how can our Government, as at present constituted, ever venture to centralize and control in like manner, the higher educational institutions of the entire country?

As regards the status of foreign graduates who may wish to practice in Spain, the laws are also different from those of the United States, where they vary according to the State where the practitioner may wish to practice. In Barcelona, if a foreigner desires to enjoy all the privileges and advantages of his Spanish colleagues, he must pass an examination before the Faculty, but by paying the sum of \$200 annually, he is also allowed to practice, to sign death certificates, and to collect bills, which is about as much as a foreigner would usually care to do. He is not allowed to give expert testimony, or to apply for a professorship, or enjoy other honors, unless he undergoes the regular examination.

I could devote a good deal of space, and consume much more of your time, and perhaps interestingly, by comparing the emoluments of practice in our country with those obtained in Spain. It will suffice to state that a practitioner in this city, and in Spain, is not insulted by being offered a peseta, or 20 cents, for a visit à domicile. This is almost as cheap, though not quite as low as the pay given by some of our benevolent societies in New Orleans. On the other hand, surgical and obstetrical services are proportionately well compensated.

As already stated, there are several important charitable institutions, prominent among which are the *Hospital de Santa Cruz*, the oldest and largest in the Province of Catalonia. It was founded in 1229, through the bequest of a benevolent priest named Colom. It was originally a

comparitively small building, but since that time several of the hospitals which were situated close by, have been added to it. So that at present it is a large edifice, covering an area of 17,135 meters. It is exceedingly dilapidated, so that as a hospital building it is really a poor concern. The hospital has a capacity for 600 patients, though it usually admits a great many more than it should hold. During the five years from 1860 to 1865, the average number of patients treated annually was 175,542. The daily average was 480.3; the mortality 13.25 per cent. The average cost of each patient was estimated at that time at 1.092 pesetas, about 20.9 cents. In the years 1882 and '83 the yearly average of patients treated was estimated at 233,924, the daily average, 640.88; mortality 11.76 per cent.

The Hospital is divided into sections and wards for surgical, medical, gynæcological, obstetric, ophthalmological and other cases. The Hospital is managed by a Board consisting of two priests who represent the legatees, and two members of the City Council. The Management of the establishment i. e., the Executive, is represented by a Curate who bears the title of Prior. The Medical Staff consists of 10 visiting physicians. Five Professors and three other adjuncts are, in addition, given a permanent clinical service. There is a chief druggist with 16 assistants. There are 10 internes, and 25 externes. There are 40 Brothers and 25 Sisters of Charity, who, assisted by other lay nurses, directly attend the sick.

The Hospital is supported partially by its own revenues and by a state appropriation. In 1882 the income for that year amounted to 600,000 pesetas or 120,000 dollars. This sum is inadequate to meet the expenses of the establishment and insufficient to allow the Board of Managers to carry out the improvements much needed to better the institution.

I cannot stop to examine the hospital critically; the defects are very apparent even to a most superficial examination, and the buildings, as a whole, are of an obsolete

type of architecture which is incompatible with the principles of modern hospital construction. Of the medical service I can say little, as I came in a very unfavorable season to see the leading teachers at work, or to judge of the most representative methods of instruction and of treatment as adopted in this country. In the surgical wards, which especially interested me, there appeared to be a great dearth of material. All the leading operators were out of the city on vacation, and it seems that the patients knew it for there were very few in attendance at the clinics. The result of several recent operations were exhibited to me, which showed a progressive appreciation of the latest advances in surgery and spoke favorably of the skill of the operators. There were several cases of osteotomy for *genu valgum* treated by MacEwans and Ogston's operations, several excisions of joints mostly by Ollier's methods, and various amputations with good results.

The Internes, who, I will state parenthetically, were very intelligent and courteous, informed me that the results had been much better since Listerism had been rigorously adopted, and from what little I could see aseptic dressings were pretty systematically applied.

Chloroform is generally used in the hospital for anæsthetic purposes, though the surgeons admitted the *theoretical* superiority of ether,

The best hospital that I have inspected in Barcelona and which bears out its excellent local reputation is the "*Hospital del Sagrado Corazon*," a charitable institution founded almost exclusively by the private enterprise of several wealthy ladies of this city.

This hospital, including the grounds, covers an area of 5,219 meters. It is altogether of modern construction and though far from possessing all the comforts and advantages which characterize similar institutions in the States, even in New Orleans—the Hotel Dieu, for instance—it is a very safe and creditable institution. It has only a capacity for 120 beds, but it has an outside clinic which attends about 2000 patients annually. The medical staff consists of a director, Dr. Cardenal, who visits the wards twice a week, a

resident physician, and a corps of 8 or 10 visiting physicians, surgeons and specialists, who attend to the polyclinic. All the medical officers, including the directors, attend to their duties gratuitously.

I was particularly pleased with the cleanliness and general neatness of this hospital, which is in charge of the Sisters of Charity, who in this, as in most of the European hospitals, do not confine their work to the purely administrative and domestic departments, but do regular nursing besides. I was shown two cases of supra-pubic cystotomy, one for stone and the other for a villous growth of the bladder; in both instances the patients were relieved. A case of excision of the knee-joint, and one of ovariectomy. Both with excellent results. I noticed quite a number of arthropathies, mostly strumous joints, which are very frequent, I am told, in Spain. The first *successful* ovariectomy in Barcelona, was performed in this hospital, in 1882, by Dr. Cardenal, though the credit of the first operation belongs to Dr. Farreras, who operated with unfortunate results in 1880. According to Dr. Fargas, who is one of the most successful ovariectomists in Spain, and certainly one of the leading operators of this city, this operation was first performed in Spain in 1863, by Dr. Federico Rubio, of Madrid. Dr. Cardenal is an enthusiastic Listerite, and carries out the principles of Antisepsis and Asepsis to the very letter in all his operations. He is at present at work finishing a valuable work on Antiseptic Surgery, which has already been issued by subscription, and which I am confident will be one of the best contributions made in recent years to Spanish medical literature.

A notable feature of this work is that a knowledge of foreign literature, especially German and English, is displayed, which enables the author to place before his readers the most advanced and authoritative teachings of the day. This leads me to note the fact that there is a very marked tendency on the part of the present generation of Spanish writers to increase their acquaintance with German and English authors, and though American medical writers are not as well known as they should be, still

even they, I believe, are being gradually popularized and respected, especially since Ashurst's International Encyclopædia of Surgery has been translated into Spanish, and has given the medical *cognoscenti* of this country an idea of what could be done in America.

But of all the visits that I have made, none have afforded me more pleasure or given me a better opportunity of estimating the ability and tendencies of the rising generation of Spanish physicians, than my visit to the private microbiological laboratory of Dr. Carreras-Aragó, the Nestor of Catalonian ophthalmologists. The laboratory is in charge of Dr. Carreras' talented sons, who have perfected their education in Germany, France and Switzerland, where they have studied under Koch, Cornil and Klebs. I was surprised to see such a complete and expensive microscopic and mycological outfit in a private residence. Nothing was wanting in the way of apparatus to conduct the most difficult microbiological investigation. Among the notable instruments noticed was a stand and complete microscopic outfit from Zeiss' establishment, including a set of lenses and the costly 1-18th inch objective. A complete micro-photographic outfit, which is used very frequently in the laboratory, and various culture stoves of the Koch and Pasteur models. The histological cabinet was exceptionally rich in rare and difficult sections and contained, in all, several hundred specimens. The laboratory has been established only recently, but excellent work has been done already in the study of neoplastic formations. The bacillus tuberculosis is at present under investigation, and Dr. Carreras-Solá has already collected over 315 observations and will soon publish some interesting deductions. It was in this laboratory that Dr. Ferran, of cholera fame, performed some of his later experiments and studied the development and natural history of the comma-bacillus. Dr. Ferran, himself, lives in Tortosa but he is a frequent visitor in Barcelona where he is held in great respect and esteem in the best professional circles. I was shown, in this laboratory, a very recent collection of micro-photographs made by himself, of his cultures of Koch's cholera bacillus, which alone prove him

to be no ordinary microscopist. He is at present preparing a work on the history and development of the comma-bacillus and its prophylactic value as a cholera vaccine. This work will, I do not doubt, tend to correct many misapprehensions in regard to Ferran's status as a microscopist and scientific observer. I have seen some of his work and judging alone by the information I have gleaned from many trustworthy sources, I am satisfied that he is not the charlatan that he has been represented to be. He may have erred as regard the prophylactic value of his bacillus inoculations, but if he has, he has made an honest mistake such as any other competent man might make. The truth is, that if we are to judge alone by statistical data, there are very strong reasons to believe that his prophylactic inoculations did exercise some preventive influence during the late cholera epidemic, but the figures are, in themselves, insufficient to completely prove the point, and we must wait the appearance of his work, in which he will doubtless enlighten us on many mooted questions.

I have notes of several additional medical institutions, and of other matters relating to medical education and medical literature in Spain, but I have already imposed so much on your indulgence that I will close, and reserve, perhaps for a future occasion, facts of medical interest that I have collected, or that I may collect, while in my tour through the *Iberian Peninsula*.

In conclusion, I would add, that, as a result of my present investigations, I am convinced that medicine in Spain is rapidly rising to a high scientific level, and that if we are to trust to the promising signs given by the present generation of medical men, we must even believe that a great future is reserved for it. In a country, however, where political earthquakes are so frequent, and where they shake to their very foundations the oldest and strongest edifices, we can never venture to prophecy the future of any structure, no matter by what architects erected.

RUDOLPH MATAS, M. D.

BARCELONA, SPAIN, August 15, 1886.

The Tropic Diathesis

BY JOHN B. ELLIOTT, M. D.,

Professor of the Theory and Practice of Medicine, Medical Department,
Tulane University.

In the present paper an attempt is made to reach the prime factors in those cases of *Malaise* so common in Southern climates during the summer. The name is an innovation, yet it expresses more completely than any other the combination of causes productive of the conditions alluded to.

As a type of the tropic diathesis we may assume an individual of medium size, or perhaps below it, with dark skin, black hair and eyebrows, and of thin bodily build. In such an one there is not uncommonly a slight yellowish tinge to the conjunctivæ,—if not present in health, yet apt to appear during indisposition. The bowels have commonly a tendency to constipation. The bodily nutrition is not generous.

A broad inquiry into the causes of such a constitutional state will enable us to arrive at a clearer understanding of the departure from the healthy norm which it indicates. The typical individual cited above gives us at once a picture common to the extreme Southern races. These races contrast markedly with peoples of north-temperate isotherms, and the causes of the contrast must lie in the conditions under which the two types have lived and undergone development.

The two peculiar conditions under which the Southern races live are *high temperature* and *excessive sunlight*. These are the simple physical differences which distinguish tropical from temperate climates. All the secondary conditions arising from these primary ones, such as excessive vegetable growth, and the wide-spread paludal poisons, will be left for the present unconsidered.

Concerning temperature in temperate and tropical climates, the following approximate average temperatures for the year will give us such facts as are necessary for our inquiry. For Massachussets, the annual mean temper-

ature may be taken as 48° F.; for Virginia, 58° F.; for Louisiana 68° F.; for the West Indies, 78° F. In these same localities the mean temperature for winter and summer are, in round numbers, as follows:

					Mean Winter.	Mean Summer.
Massachussets,	-	-	-	-	28° F.	68° F.
Virginia,	-	-	-	-	41 "	77 "
Louisiana,	-	-	-	-	56 "	81 "
West Indies (mean for Carib. Isl'ds)					78.47 "	81.7 "

All of the temperatures upon the North American continent show a marked difference between summer and winter; as, for Massachussets, 40° F.; for Virginia, 36° F.; for Louisiana, 27° F., while the West Indies show 3° F. It will be noticed that as the mean annual temperature rises, the difference between the winter and summer temperatures diminishes, until in the West Indies the difference is a little over 3° F. In the West Indies, therefore, we would have the most perfect conditions for the production of the effects of continuous high temperature. The type which is produced under these circumstances is the same given above as characterizing the tropical diathesis.

Investigation into the effects of these tropical temperatures upon the individual are meagre. Dr. John Day has shown from observation upon the body temperature, that the average temperature within the tropics is nearly 1° F. higher than in the temperate regions. The cause of this elevation cannot with our present knowledge be asserted. We can assign it with some certainty to the general elevation of the temperature of the surrounding atmosphere, yet it might be held that as tissue building is diminished additional energy is given out as heat.

The other effects of high temperature upon the healthy body have been determined by experiment. One of the most constant effects is the diminished excretion of carbon dioxide. That combustion has been diminished in the body is the only possible interpretation of this fact. As it has been shown in a former article that an increased com-

bustion is a necessary prelude to an increase of tissue building, this diminished combustion must mean a diminution of all the physiological activities of the body. This is borne out by the effects of hot climates upon the secretion of bile. If combustion has been diminished we should expect it to be shown in a diminished secretion of this fluid as well as in a diminished excretion of carbon dioxide. The conclusion of Morehead and Schwalbe (quoted by Theirfelder) are that a change from a cold to a hot climate does diminish the secretion of bile. Increased action of the skin on the contrary, is a constant result of high temperature.

If we reason from these facts, some idea may be obtained of the mode of the origin of the tropic type. Diminished activity of the physiological processes would tend to produce in time, a race diminished in size as compared with more northern Types. Mental and bodily energy would be diminished, and diminished activity in both directions would follow.

The relation between diminished bile secretion and the increased skin action, both of them directly dependent upon high temperature, may be in a measure a vicarious one, and the darkening of the skin peculiar to tropical races may be caused by the deposit of biliary pigment matters which would in colder climates have been excreted in the bile. We would naturally conclude from the increased action of the skin that it supplemented the action of the kidneys to some extent, and that as the kidneys get rid of such pigmentary matters as are not secreted by the liver we would have another possible source of pigment matter for skin coloration.

Another cause, besides high temperature, which would tend to diminish bile secretion, is the small amount of meat eaten by races inhabiting tropical climates. Albuminoids have been shown by experiment to increase the flow of bile. The absence, in quantity, of this element from a dietary would be, therefore, a direct cause of diminished bile flow. The chief constituents of the bile, glycocholic—(chol-amid-acetic) — acid $(C_2H_3(NH-(C_{24}H_{39}O_4))O_2)$,

and taurocholic acid—(ethyl-chol-amido-sulphate)—(SO_3 ($\text{NH}-(\text{C}_{24}\text{H}_{39}\text{O}_4))\text{C}_2\text{H}_5$), show that these substances have their origin in nitrogenous matters of the food or retrograding tissues.

The absence of fat as a characteristic of this tropical type finds also its explanation in diminished bile flow. The bile is notably the fluid which facilitates the entrance of fats into the body. Its diminished production would therefore go far to diminish the assimilation of fatty matters.

The other physical condition peculiar to the tropics is excessive sunlight. The relation of sunlight to the chemical changes in the body cannot be clearly made out. That we have the power to utilize sunlight directly seems established by the results of its withdrawal. Like the vegetable, man wilts and loses color so soon as sunlight is cut off from him. We seem to store solar energy in some form, yet in what form it becomes potential in us we cannot say. The loss of color in those deprived of sunlight, the "freckling" and "tanning" (darkening) of the skin of those exposed to it, seems to point to some part played by solar force in the making of new, and in the disposal of effete, blood cells. The skin, in other words, seems to constitute an organ, the perfection of whose function depends upon sunlight, an organ by whose function solar energy becomes potential in the body.

Experiments show, as would be expected, that sunlight increases combustion, or increases the excretion of carbon dioxide. The effect of the continuous bright light of tropical climates must act therefore as a physiological stimulus. As the skin is the organ whose function would be most affected we have sunlight as well as high temperature contributing to its increased action. Let it be remembered, however, that while these two factors would increase the activity of the skin, the gain of physiological activity in this organ would be more than counterbalanced by the loss of physiological activity in the whole body produced by high temperature, so that upon the whole, combustion would be lowered. It can probably be con-

cluded with safety that as the mean annual temperature rises, the importance of the skin as an organ increases.

If we take these physiological peculiarities of the tropic type as direct results of the high temperature and sunlight, we should expect the same results in a more modified form to be met with as we passed northward from the tropics. One important difference meets us, nevertheless, as soon as the Gulf States of America are reached. While we drop from an annual mean temperature in the West Indies of 78° F, to an annual mean in Louisiana of 68° F, the extreme difference between summer and winter in the West Indies is only 3° , while that in Louisiana is 27° F. This means that a large part of the year in Louisiana is devoid of the high temperature and sunlight necessary to produce the effects we have been dwelling upon in their extreme form. The tropical factors are here intermittent in their action. The tropic type is seen in Louisiana among those who are descended from the earliest settlers on these shores, yet these people, be it remembered, are descendants of the Latin races and had acquired the type along the same isotherms of Europe. How long these climatic influences would be required to act upon a Northern race before impressing its effects, it would be difficult to determine where populations intermingle and intermarry as much as do those of the American States.

If we turn from the tropic type as representing the inactive liver and very active skin produced by climatic influences of the tropics, might we not expect to find the same description of individual here and there among races of lower isotherms as results not of climatic influences but of congenitally imperfect liver function? Such departures could easily be imagined. A child born with a liver deficient in bile secreting power, would, according to all physiological laws supplement deficient liver function with increased function in other organs, and the tropic type tells us that the skin seems to assume some of this deficiency. The tropic type explains to us in such a case where the difficulty lies. We see in a family living in

middle temperate regions, a blonde and a brunette born of the same parents. Is not the brunette simply a child with a tropic liver and correlated skin, one in whom bile secretion is niggardly and in whom the skin has assumed additional functions?

Where the climatic influences are not so pronounced as in the tropics, would there not be still a greater or less tendency, according to approximation to the tropical conditions, to this production of the brunette type dependent upon the actual state impressed upon the parents by the more or less modified climate in which they lived.

Turning from the causes producing the type to the actual physiological peculiarities of the type, we can appreciate the effects of diet upon it. In the blonde or northern type, the liver secretes bile freely and burns up nitrogenous matters readily. In this type the kidneys are more active than the skin. Nitrogenous matters if left in the blood in excess are left there not as unremoved or unconverted bile elements but as uric acid. The bile function of the liver seems seldom at fault. In the tropic type on the contrary an excess of nitrogenous matter contributes elements, (which should be got rid of through bile excretion), to a system not prepared for high action in this regard, and so bile elements remain in the blood awaiting a tardy removal. "Bilious" persons, therefore, are those who do not secrete sufficient bile. They have an organic structure native to them from birth, which, when excess of nitrogenous food is taken, permits the rapid accumulation of bile elements in the blood with all its accompanying troubles, as malaise, headache, dyspepsia and constipation. Again secreting a small amount of bile they do not assimilate fatty matters readily and are generally thin.

Some compound types are found in which this tropical diathesis is united with others. From what has been said concerning the tropic type it can be seen that its combination with the gouty is not likely. The mode of life and food leading to the gouty state would be arrested in its progress by the inability of the tropic type to bear the pressure.

The individual would be unable to find pleasure in such indulgence, because discomfort would attend every step of the progress. With the strumous diathesis the combination is common. Fothergill draws attention to the fatality of tubercle in this tropic type. A reason may be found in the fact that tissue building is not active in the tropic type. This latter type, we saw, was marked by a lowering of the processes of combustion, a condition just the reverse of that which we desire in a tuberculous patient. This very diminution of combustion was one of the chief characteristics of the strumous. Extreme effects might therefore be expected where the bilio-strumous condition existed. The difficulty of fat assimilation in the tropic type offers likewise a bar to successful treatment of the strumous diathesis when combined with it.

It would be interesting to have some statistics concerning the comparative effects of malarial poison upon the blonde and brunette types, but nothing reliable has been noted in this connection,

For the medication of this tropic type some general indications are found in the functional faults pointed out above. Bile secretion is deficient. The trouble is always a partial accumulation of bile elements in the blood. To stimulate hepatic function seems a clear indication. How to do this is the point which is to be settled by the judgment of the practitioner. In those in whom there is no mingling of the strumous diathesis, a mercurial purge usually gives relief and is not contra-indicated. If struma exists along with the bilious diathesis, care should be used in the administration of mercurial salts. Rutherford has shown us that calomel as a purge, while not directly increasing the secretion of bile by the liver, still causes the bile already secreted to be thrown out into the intestinal canal. This at least clears out the bile ducts and facilitates further secretion. This is the common method of treating the so-called biliousness in the Southern portions of the United States. The indiscriminate use of calomel for this purpose is, nevertheless, to be condemned. We do not desire the simple stimulation of the mechanical apparatus of

the liver. We wish increased bile secretion, for we desire to remove from the blood elements which remain there unless converted into bile. The true cholagogues are indicated rather than the exhausting and purgative doses of mercurial salts. Rutherford has given us a number of these from which to select. One grain of calomel with one-twentieth of a grain of bichloride of mercury, he has proved to be a most efficient cholagogue, and experience with it in hospital practice in New Orleans has borne out his statements. Twenty grain doses of sodium salicylate he showed to be very effective. After these, rank in power the vegetable cholagogues, podophyllin, ipecacuanha and rhubarb. The use of these requires some judgment. In non-strumous patients the calomel and bichloride may be used to begin with, to be followed by smaller doses of the milder vegetable cholagogues. Pills of rhubarb and ipecacuanha, two grains of the former and one grain of the latter have a mildly stimulant action, and can be continued, (with podophyllin in minute doses, if necessary), for some time. The use of these will tend to prevent recurrent attacks of biliousness, if a guard be put upon diet.

Since nitrogenous foods add to the bile elements in the blood, we should warn "bilious" patients to abstain from the too free use of such articles of diet.

The functions of the skin should be encouraged, for in such patients its functions are of more importance than in the non-bilious. Frequent use of water, as the morning bath, is valuable. Rough undergarments which act by stimulating the skin surface should be used. Exercise tends still further to keep the skin in action. Intelligent patients when made to comprehend their functional weakness can materially assist the practitioner in correcting these recurrent troubles.

In discussing this diathesis the term "tropic" has been chosen in preference to "bilious" because of the widespread and illegitimate application of the latter term. The name assumed seems warranted likewise by the fact that the type is a product of influences essentially tropical.

**A Peculiar Condition of the Eye Following Sub-Conjunctival Tenotomy of the Rectus Internus Musclic ;
With Remarks.**

By WILLIAM C. AYRES, M. D., New Orleans, La.

Being fairly familiar with ophthalmological literature, both ancient and modern, and not being able to recall a case which is parallel to the following, I feel it my duty to make this one of public record, because it points out a possible complication which may follow an operation seemingly entirely trustworthy in itself.

CASE.—S. S. æt 14, a fine healthy boy consulted me on account of an extreme internal strabismus of his right eye. On account of the excessive degree of his strabismus I told his parents that, in all probability, I would have to operate either on both eyes, (tenotomy of both recti interni) or twice on the same eye. They were satisfied with my proposition. The boy had anisometropia, in that his right eye was hyperopic (far sighted) to the extent of 3.5 dioptries ; with 1.5 dioptries in his left eye. Having failed, as I expected, to correct his squint by causing him to wear the suitable glasses, I determined to operate in June, 1886. Dr. Von Gohren assisted me in the first operation which was a somewhat extensive tenotomy (sub-conjunctival), which left him with just rotatory power enough in his right internal rectus muscle, to bring the internal margin of his cornea a little beyond the puncta lachrymalia of his eye lids. Under this, his eyes were perfectly straight, and his parents were satisfied with his condition entirely.

During the operation there had been an excessive hemorrhage from the wound ; so much so, that the blood had run into the lymph space between the sclera and capsule of Tenon, and also permeated the adenoid tissue beneath the conjunctiva. Next morning, the whole subcutaneous tissue of both his eye-lids, (superior and inferior, of the right eye) was full of blood. On the second day his eye commenced to be inflamed, and resulted in an ortho

dox cellulitis, with very unpleasant aspects. In about a week this inflammation began to wane under the proper treatment, and I flattered myself that there would be very little subsequent trouble. After the eye became quiet he visited my office, and on examination I found that the internal rectus muscle had but little rotary power, and the boy saw double, of course, when the object was anywhere on his left side. The tissue immediately above the prior attachment of the muscle to the sclera was still red and swollen, so that I was unable to prognosticate precisely what the ultimate effect of the operation, plus the subsequent cellulitis would be.

However, in a short time I could see an isolated bulging of the tissue just over the tendon, or rather between the corneal end of the several tendon and that end of it which was still attached to the muscle. This developed more and more, turning out to be a serous cyst of about the dimensions of an ordinary pea. This cyst continually developed larger and larger, so that I determined to remove it about the 1st of September.

I requested Dr. Veazie, their family physician, to assist me in this, since it was a very complicated condition to deal with. We opened the conjunctival sac, and found a cyst which extended down between the capsule of Tenon and the sclerotic, and also sent prolongations into the subconjunctival tissue around the distal end of the rectus internus. Here we were called upon for about as delicate a piece of surgery as one can well imagine, since we not only had to remove the walls of the cyst "in toto" (or it would return), but we also had to transplant the cut end of the rectus internus muscle forward so as to restore to it its rotatory power, in order to do away with his double vision, and at the same time not to increase its effect too much, since if we did he would certainly squint as before.

After working at it for some time I was satisfied, and closed the whole wound up with conjunctival sutures, and also sutures which grasped the episcleral tissues.

The result was as nice as could be, and has remained so up to the present time.

REMARKS.

It is but rational to suppose that a subcutaneous operation, wherever it is feasible, is superior to one in which the whole extent of the cut surfaces are brought into contact with the external atmosphere. Therefore, in all of my squint operations, I have unhesitatingly chosen the sub-conjunctival tenotomy. The technique of the operation, while it is more elegant, is not more difficult than the older procedure of opening the sub-conjunctival and sub-capsular lymph spaces immediately over the tendon of the muscle itself. Its evident superiority lies in the fact, that after the closing of the very small opening in the conjunctiva, etc., all of the cut surfaces are covered, and the risk of cellulitis is very much diminished. I presume that the minor technical details are familiar to those who will take an interest in the subject—if not, I would refer them to any of the modern books on ophthalmology.

The only points of more than ordinary interest, are: 1st.—There was an extensive cellulitis which caused the muscle to be robbed of nearly all of its rotatory power; 2d.—The cut end of the tendon had no attachment to the sclerotic at all, except an indirect one through the tissue of the capsule of Tenon; 3d.—The pushing away from the cornea of the entire tissue around the head of the tendon of the muscle by the development of the serous cyst already referred to.

And just here, a word about the formation of the serous cyst. I take it, that in order for such a morphological development to have taken place, there must have been an introduction of epithelial or endothelial cells into the wound of the operation. Such being the case, the cells would have a much better opportunity of “taking root” and forming the walls of the cyst, than they would if they had simply been transplanted to the seat of an open operation. Again, such an introduction of foreign matter into a closed operation-cavity would be much more liable to produce cellulitis, than it would were such cells simply pushed over upon a wound which could suppurate sufficiently to throw them off, or permit them to be washed off during the process of cleansing.

Here then we find one, and to my mind the only objection to the sub-conjunctival operation for squint, viz: that if we are so unfortunate as to introduce foreign substances into an operation-cavity we are more likely to have reactions. But since our modern antiseptics, *care and cleanliness*, play a much greater part in all surgical preceedures than they used to do, the risk may be said to be very small. This risk is certainly not as great as that which necessarily presents itself when we open up these extensive lymph spaces, and leave them in communication with the air. Such indeed is an established fact from the statistics of the open and closed operation.

The simple operation of tenotomy for strabismus is a very easy operation to perform, provided we thoroughly understand the anatomy of the parts, and take care to attend to two or three little precautions. The principle of these latter is never to reduce the rotatory power of the muscle too much, even if we have not corrected the squint entirely by our first operation.

I know it will seem strange to those of us who are not oculists specially, when we say that an operation on the eye which does not squint, will have very much the same effect on the squinting eye, as if the squinting eye had been operated on itself. Such being the case, however, it is very much better surgery to cut both the internal recti muscles, than to weaken the rotatory power of one muscle too much. In this latter case the squinting eye will surely turn outward, and produce a defect much more distressing than the condition for which we first operated. But to return to our case.

Just in so far as a squint operation is simple and easy, the operation of bringing the muscle forward, and causing it to attach itself to the sclera in the proper place, when its point of attachment is too far back, is difficult and delicate. We will remember that we had the latter to do in the case of Master S. Having seen quite a number of these transplantations done, and having had several to do myself, I consider it by far easier to pass the sutures through the whole thickness of the conjunctiva, tendon of the muscle and capsule of Tenon, and bring the whole mass for-

ward in bulk, than to dissect out the tendon of the muscle and bring it forward alone. Judging from experience of about how far the tendon should insert itself from its original insertion to correct a given amount of squint, we may draw on the sutures so much as to bring the tendon to this point. If we have been lucky, the eyes will be perfectly straight. If the patient has had chloroform we must wait until he has recovered, and try his eyes, before we finish the tying of the double sutures. After one or two trials of different degrees of tension on the sutures, I was satisfied with the effect of the operation—closed the wound by conjunctival flaps, and have since had the pleasure of finding the boy's condition satisfactory in all respects.

As to the removal of the cyst, although it was rather a large one, I do not consider it necessary to make any remarks, since that part of the operation was simple enough, in fact, we did not trouble ourselves about it at all; simply removed it in toto, by the usual methods in such cases.

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HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

SEPTIC INFECTION FROM TAINTED BEEF. INTRACTABLE PHAGEDENA.

By H. A. VEAZIE, M. D., New Orleans.

I will, with your permission, report the following cases in brief, and hope that they may be of interest to some of your readers.

CASE OF SEPTIC INFECTION FROM TAINTED BEEF.

During the month of August, 1885, a gentleman called at my office to consult me about his cook's hand. She was about 40 years of age, not married, and white. She stated to me, that the day before, while trimming a piece of tainted meat from a steak, she accidentally cut her

hand, but did not pay much attention to it as it did not bleed. During the night it became painful and feverish, and she noticed next morning that it was very much swollen. When I saw her the hand was very much swollen, and the lymphatics red and indurated as high as the elbow. I gave her quinia and iron, also morphine to relieve pain, as she was in great suffering. Applied to the hand a lotion of carbolic acid and alcohol as a disinfectant. That treatment was carried out for four days, when I saw that it was useless to try and allay the inflammation by cold application, so I changed the cold for warm poultices and suppuration soon started. When I found fluctuation I at once opened the fluctuating point from which came sero-sanguinolent pus. The inflammation extended into the palm and dorsal aspect of hand, into the fingers and also up the inter-muscular spaces on the fore-arm. In the meantime the fever ran very high, and the pain was so intense that the poor creature could not sleep, even after taking large doses of morphia. At the end of a week or ten days the suppuration began to subside, and the necrosed tissue came away in large flakes. At the end of a month the arm was well, except that the hand was almost useless, as the tendons of the muscles were all bound down by the results of inflammation.

Case 2d. The following case most all of the medical gentlemen visiting the hospital have seen.

Mr. D. D. I was called to see Mr. D. during the year 1881 and found him suffering from hemorrhagic buboes of both groins. He was bleeding profusely, and when I saw him first his clothing, bed and floor were full of blood. He had been drinking all night, and had just come home. I stopped the hemorrhage with diluted liq. ferri per sulph. and compresses. Since both groins and his glans penis were bleeding at my first visit, I had fears that the hemorrhage might prove fatal. Gave him tonics, good diet and stopped his drinking, and he improved rapidly.

The foreskin was over the glans and prevented the proper application of remedies to the chancroidal surface underneath. I circumcised him and had some trouble with hemorrhage; all of the prepuce was one mass of infected tissue. Treated chancroidal sores with iodoform and an astringent wash of copper and lead.

The character of sores seemed to improve but no diminution in size followed. At last they showed distinct phagedenic appearance and began to spread. He began drinking again and I stopped visiting him. In about two months he sent for me and stated that he would do anything I wanted him to do if I would treat him. I applied nitric acid, chloride of zinc, iodoform, in fact most everything that was ever recommended, Ricord's treatment, etc. I wanted to scrape the ulcerated surfaces which were very extensive, but he refused. Went under the care of other physicians and I did not see him for more than a year. He called to see me and stated that as all other means had failed he would submit to an operation. I advised that he should go to the hospital, which he did. I scraped and cauterized the surfaces with the thermo-cautery with good result but not entire success.

When I began to treat him by scraping and cauterizing, the chancroidal surfaces extended from anterior superior spine of ileum on both sides down the groin along the flexures of the thighs, down by the side of the scrotum between buttocks to anus, and involved one-half of penis from glans up. The first scraping improved matters very much as the surface between the anterior superior spine and half way down the groin healed, but left the scrotum, glans and flexures of thighs about the same as before. My service was at an end at the hospital and I left him to my successor. The same treatment was carried out until he had been scraped and cauterized six times as carefully and perfectly as it was possible to do by myself and other physicians connected with the hospital. It was suggested at one time to amputate the penis to get rid of the chancroidal mass at the extremity, but he objected and asked to be

scraped again which was done in the following manner: Given chloroform to complete anæsthesia. Parts scraped in every nook and corner; scraped in some places until the muscular tissue appeared beneath; in every place until the scraper would not take any more tissue, or reached to unmistakably healthy tissue. The urethra was not entered, which was as you will see a mistake. After scraping, pure carbolic acid was painted over the scraped surface, then the Paquelin cautery was applied until the tissues were blackened. Then sulphuric acid paste applied. The paste was made of one drachm of acid to sufficient quantity of wood charcoal to make a paste. Nothing but a dry piece of lint was placed over the acid paste for the first 36 hours, then carbolic acid lotion the only dressing used. The burned surface healed rapidly and we congratulated ourselves that our patient would entirely recover, which he did to all appearances. After about six months he consulted me again at my office and I noticed that the disease was making its appearance from the urethra and from some of the hair follicles of groins and over pubes. He was put through the same treatment of scraping, burning and acid paste. The urethra was as I might say burned out for a quarter of an inch, perhaps more and, the paste pushed in and allowed to stay until next urination. As we anticipated a stricture of meatus was formed which was cut in course of time. Near the anus was a little ulcerated spot which, on examination, proved to be a fistula; it was operated on as usual with the knife, and as it had the same appearance as the surfaces, it was scraped, burned and acid paste applied to its entire extent above the internal sphincter; a wad of absorbent cotton placed over acid to prevent its burning opposite side of rectum. In the course of some months our patient was healed all except a small fissure in anus which required again the same procedure, and at the present writing, as far as I could see and feel at last examination, he is well after nine or ten operations and six years of suffering. It can be plainly seen the only way to cure such a case is to be persistent in our efforts to destroy the disease as fast as it may

appear and in any situation by the most powerful means at our command. No internal treatment was of any utility.

I must thank my friends Drs. Parham and Jamison of Hotel Dieu for their kind assistance, and also the resident staff of the Hospital for assisting me in the many operations

A CASE OF ACCIDENTAL INTRAVERTEBRAL NERVE
STRETCHING.

BY F. T. MILES, M. D.,

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The case about to be related seems to me important as illustrating the powerful effects that may be produced by the operations for subcutaneous nerve stretching, and, also, as illustrating some important points in the differential diagnosis between nerve injury and spinal cord lesion.

On the 19th of May, C——, æt. 39, a man well formed, and healthy, attempted to drive a four-horse advertising van into a stable to escape an approaching storm. The entrance, with which he was unacquainted, was low, and he was obliged to bend over a great deal to pass under it. The horses became frightened and started forward, carrying him under a cross-beam he had not observed, which was much lower than the entrance. He stopped the horses and called to some bystanders to back them out. They however endeavored, by urging forward the horses, to get him past the beam. This was found to be impossible, his body jamming the van so that the horses stopped. He was bent completely double, his head being forced down between his thighs. When released he spoke a few words and endeavored to stand, but his legs gave way under him and he fell. He felt intense pain in his back and legs, and the latter were completely paralyzed and insensible. He says that he became unconscious and afterwards was delirious for three days. His back was very much bruised and swollen, and there was, from the first, incontinence of urine and paralysis of the sphincter ani. Five days after (May 24th) he was admitted into the Infirmary of the University of Maryland.

At the time of admission his condition was not as bad as he described it to have been. Examination of the spine showed no appreciable injury. Sensation had returned to some extent in the left leg, and very slightly in the right. In the recumbent position he could feebly flex and extend the knee, rotate the femur outward and inward, and cross the left over the right leg. With the right limb he could barely move the knee in flexion and extension. The muscles of both legs, from the knees down, were completely paralyzed, so that he could not make the slightest movements with the toes. He complained of pain along the course of the sciatic nerves. There was incontinence of urine, and loss of sensation in the urethra, so that he did not feel the introduction of the catheter. Enemata had to be used to obtain an evacuation of the bowels. Both skin and tendon reflex were absent. The muscles of the lower limbs were flabby and somewhat wasted. Electric examination showed that no contraction of the muscles of the legs below the knee could be elicited with the strongest Faradic current, but it caused very slight contractions in the thigh muscles. The galvanic current applied to the muscles of the legs caused contractions of the slow, sluggish kind, which indicate the degeneration of muscles (degenerative reaction). There were no bad sores, no evidence of capillary congestion in parts subjected to pressure by his position.

Upon the examination, the diagnosis was made of stretching of the sciatics, and probably of the cauda equina, and a favorable prognosis as to ultimate recovery expressed. The treatment consisted in keeping the bladder from becoming distended by the use of the catheter, using enemata for the bowels, and the application of the galvanic current to the lower part of the spine and the paralyzed muscles (positive pole upon the spine and negative stroked over the limbs). He gradually but steadily improved, the pains leaving him, sensation returning, and voluntary power being gradually regained. It was not until June the 26th, 33 days after entering the hospital that he was able to pass

his urine without the aid of the catheter. During his recovery he complained that when he attempted to move his feet, it caused a burning sensation in the legs up to the knees, and the same burning sensation was felt whenever his feet were touched. At the time of his leaving the hospital, more than two months after his admission, he was able to walk with the aid of a stick. I heard of him some time afterwards and his improvement had steadily progressed.

To what must we attribute the grave symptoms in this case, which ended nevertheless in recovery? The first impression would probably be that a paralysis of motion and sensation so sudden and extensive with involvement of the sphincter, must depend upon some gross lesion of the spinal cord. As there was no fracture or dislocation of vertebræ, we might suppose there had been a sudden hemorrhage within the spinal canal. But a hemorrhage extensive enough to suddenly destroy the structure of the cord so completely that the whole mechanism for reflex action ceases to function, would in all probability be followed by trophic changes giving rise to bed sores, and certainly could not be expected to end in recovery.

I have seen concussion of the spine (falling from a height upon the back), without fracture or dislocation, cause absolute paralysis of sensation and motion with complete abolition of all reflexes. But here again sloughing rapidly developed, at all points where pressure was made, and the patient died without the slightest return of reflex action or voluntary motion, although some time elapsed before death. In the case we are now considering, there was an increasing pressure made downwards upon the spinal column, no sudden shock. One symptom arrests our attention, it is the occurrence of the degenerative reaction in the paralyzed muscles. Now this occurs only from lesions in the anterior horns of grey matter in the spinal cord, or from injury of the trunks of the nerves, and would not be caused by lesions of the cord extensive and destructive enough to produce the degree of paralysis of motion and sen-

sation seen in our patient. We might at first suppose that the forced position of our patient had caused a stretching of the nerves sufficient to give rise to the symptoms, since we know that sometimes after nerve stretching there is paralysis, and that the muscles so paralyzed, present the phenomenon of degenerative reaction, with loss of faradic contractility. But, in the first place, although the thighs in this instance were flexed upon the pelvis in the position given to the lower limb in subcutaneous stretching of the sciatic nerve, the knees were flexed, not extended in the position necessary to produce the full effect in that operation. In the next place the paralysis of sensation and motion extended to nerves not put upon the stretch by the position of the limbs of the patient, as the anterior crural and the nerves for the bladder, rectum and urethra. We must therefore look for the cause of the symptoms within the spinal canal in which are contained the cord and the cauda equina. How could these have received injury? Observation and experiment show that the spinal column yields considerably under a force tending to bend it in an antero-posterior direction. This is especially marked in the lumbar region, where the forward bending under force is greater than in any other part of the column. In this part of the spinal canal is contained the end of the spinal cord (opposite to the last dorsal and two first lumbar vertebræ) and the cauda equina, made up of the nerves going to the lower portion of the trunk, and the lower extremities. Hegar* has shown by experiments upon the dead body that there is a considerable lengthening or stretching of the spinal cord within the spinal canal, when the head and the pelvis are forcibly approximated anteriorly, and he roughly estimates this lengthening at from one to one and a half inches. He urges the importance of this cord stretching as a therapeutical agent in cases in which we desire to act upon the pelvic organs, and cautions against its too rude employment as capable of producing injury to the spinal cord. After reading Hegar's experiments it

*Weiner Med Blätter, January, 1884.

seems to me that the force applied to bending the spinal column of my patient was very much greater than that which could have been exerted upon the dead body, with the means employed, and that it was sufficient to injure the contents of the spinal canal to the extent of producing the paralysis and anæsthesia I have described. Can we suppose the lesion to have been in the spinal cord? I think not, for as the spinal cord was stretched in its whole length (the cervical region having been forcibly flexed) we would certainly have expected to see evidence of injury in the upper as well as in the lower limbs, which was not the case. Besides, such lesions in the cord as we might look for under the circumstances, as congestion, hemorrhage, either bulky or punctiform, myelitis circumscribed or diffused, would not cause loss of faradic contractility with the degenerative reaction.

Moreover, after lesions of the cord, causing such grave symptoms, experience would hardly lead us to look for such speedy recovery, the improvement advancing steadily from the first day or two after the accident.

I regard the case as one of lesion of the cauda equina from forcible extension of the vertebral column, an intra-vertebral nerve stretching. Hegar says little or nothing as to the effect of the flexion of the vertebral column on the cauda equina, apart from the cord. It seems to me however, that we might expect the greatest effects of spinal column flexion would be felt in the cauda equina. Its fibres lie unsupported in the most movable portion of the canal, while the cord is closely enveloped by the tough pia mater, and braced, so to speak, by the attachment of the nerves at the inter-vertebral foramina, and by the ligamentum denticulatum. The phenomenon of the degenerative reaction speaks, I think, very strongly for the supposition that the lesion causing the symptoms was in the nerve fibres constituting the cauda equina.

There might indeed be another supposition, namely, that the stretching of the sciatic nerves had caused a lesion of the spinal cord by direct traction upon it. Experiments

recorded by Tarnowskaja show that a traction of two kilogrammes on the sciatic nerve of rabbits was without effect on the cord; greater force up to five kilogrammes caused punctiform hemorrhage, with later atrophy of cord, principally in the posterior horns of grey matter, and the posterior columns. Westphal records a case of circumscribed myelitis from stretching the crural nerve, but this was in a man whose cord had been long diseased ("grey degeneration"). Experimenters have disagreed very much amongst themselves as to effect of nerve stretching on the cord, and indeed the results of experiments by the same observer contradict each other. Hegar's summation of the subject* appears to be conclusive as to the fact that the effect of nerve stretching on the cord is slight, and varies but little whether the nerve is forcibly or moderately pulled upon, indeed that there is a barrier which exists at the intervertebral foramina, and prevents the transmission of the force exerted on the nerve. Thus the stretching of the cord (and cauda equina) by forcible bending of the spinal column, is not increased to any extent by simultaneous stretching of the nerves.

A KNIFE BLADE IN THE ORBIT FOR TWO YEARS.

Reported by HENRY DICKSON BRUNS, M. D. New Orleans.

On the 20th of July, 1883, I was consulted by Mr. D. O. S. a native of New York, forty-three years of age and in excellent general health.

About two years ago he was stabbed in the right eye, or rather just over it, the blade passing below the eye brow. The wound seemed trivial at first and never swelled much, but within a week the sight of this eye was reduced to light perception. Since, he has been subject to severe pain in the eye at intervals of about two days. These attacks are worst in bright weather and are accompanied by great lachrymation.

*L. C.

The right eye is shrunken, the cornea so cloudy that the iris cannot be seen. The upper lid is indrawn and seems fast to the cornea by symblepharon. The bulbar conjunctiva is very much injected and there is free lachrymation. When the patient makes a strenuous effort there is a slight tremor of the ball, otherwise it is totally paralyzed. It is painful and tender. Tension somewhat below normal. $V = O$.

The patient not only complains of the pain in the eye and over the whole right side of the head, but says that his left eye is at times dim, cannot stand a bright light, and runs water, and "has a sticking pain." Its tension is normal and $V = \frac{20}{xvj}$.

Diagnosis: Traumatic destruction of right eye. Sympathetic irritation of left eye

I advise enucleation, to which patient consents.

On July 23d, Mr. (now Dr.) Charles Seemann, Resident Student in the Charity Hospital, assisting, the patient was anæsthetized with chloroform and I proceeded to enucleate the right eye. I found this most difficult, for having cut the conjunctiva around the lower part of the cornea and severed the muscles which could be reached by the hook from this opening, I could by no means turn the ball downwards. On attempting to pass the hook above it invariably struck against the upper limb of the speculum (*as I thought*) and slipped back. I was obliged to pass the curved scissors from below, thinking to cut the optic nerve, to turn the ball up and out and sever the upper attachments last. In this I failed. I cut into the ball, the incision running from just below the entrance of the nerve, upwards into the superior fifth of the cornea. Thus a long, narrow strip of the coats of the eye was left behind, attached in front to the corneal fragment and behind to the optic nerve. This strip was also immovably fixed to the upper orbital wall. In trying to cut the nerve my scissors had repeatedly struck some hard substance in the bottom of the orbit; this puzzled me and I introduced my finger and found a foreign body. Upon extraction with cilia

forceps this proved to be part of the blade of a penknife, more than one inch long, about one-fourth of an inch wide, and much rusted. It had passed in under the eyebrow along the upper wall of the orbit, backwards and downwards, been broken off, and remained fixed in this position, back up, edge down. It was surrounded by a large mass of granulation tissue stained by iron rust.

The hemorrhage was profuse and the patient took chloroform badly, all rendering the operation long and uncomfortable. Healing, however, was kind and prompt, the patient was relieved of all pain, and his left eye regained its wonted strength.

LAPAROTOMY FOR INTESTINAL OBSTRUCTION.—CURED. ✓

SERVICE OF DR. A. B. MILES.

(Reported by J. W. Scott, Resident Student.)

Mike Weathers, aged 35, a railroad laborer, was admitted to Ward 28, Charity Hospital, September 13th, 1886, with a history of intestinal obstruction of five days duration. On September 9th he had to relinquish work on account of pain in his belly and vomiting; his condition grew worse up to his admission, when the following note was made: patient is a stout muscular man with a good history and no family taint, he complains of great pains in abdomen, which upon examination shows marked fullness with tenderness, more especially localized in the umbilical region a little to the left of cicatrix; no definite tumor can be made out on palpation; he is unable to retain nourishment and vomits whatever is given him almost instantly; the vomited matter consists of food, bile and the secretions of stomach, but is not offensive; the pulse is full, hard and accelerated; the temperature a little above normal. Profuse enemata of warm water, soap and oil were ordered, one every three hours; it was thought advisable to stop all attempts at bringing on purgation by means of medicine administered by the mouth, as the patient had freely partaken of these before admission; strict watch was ordered kept over the

patient and the vomited matter; the matter passed with enemata to be well examined; Mr. Scott, the student of the ward, was instructed to call in Dr. Miles, should the vomited matter at any time become stercoraceous.

On the following day the patient's condition was aggravated, vomiting was almost incessant, enemata passed as given, abdominal pain increased; the enemata were continued. On the morning of September 15th, the vomited matter assumed a stercoraceous character, and Dr. Miles being called in decided to operate immediately. Accordingly the patient was etherized, an incision from four to five inches made in the linea alba between the umbilicus and pubis, the skin, fasciæ and muscles divided and the peritoneum exposed; after all bleeding had stopped, this latter was opened on a grooved director and search made for obstruction. To prevent the blood oozing from the edges of the incision from entering the abdominal cavity, a towel soaked in a strong antiseptic solution was made to enclose the whole thickness of each side of the incision in the same way as the cover of a book encases its sheets.

After diligent search, made more difficult by adhesions, probably from a former case of peritonitis, the obstruction was found a little to the left of umbilicus; it consisted of a cicatricial band not more than 1 or $1\frac{1}{2}$ line in thickness which encircled the whole diameter of the gut like a ring and obliterated entirely its caliber; the intestine above this ring was dark and congested and natural below. The obstruction was divided by the scissors and soon after the congestion diminished. The cut edges of the peritoneum were sewed together carefully with small cat gut, the skin and muscles were brought together by silver wires. As soon as the patient recovered from the anæsthetic he was placed under the influence of morphine. All vomiting ceased from the time of operation, and an hour after when the patient was first seen in the Ward, he was found on a bed pan, which the nurse had ignorantly furnished him at his request, making ineffectual efforts to evacuate the bowels. The case progressed favorably and on the third

day he had two good operations from the bowels and three on the fifth day; the temperature at no time rose above 102 1-5 but was generally much below this; the sutures were removed in seven days, when an accumulation of pus was found between the muscles underneath the skin; the peritoneum had united by first intention; the pus was pressed out at the sutural openings and the wound was soon healed. To-day, October 13th, patient is well, walking about the hospital awaiting discharge.

A CASE OF SPINAL CONGESTION—RECOVERY. ✓

SERVICE OF DR. P. E. ARCHINARD.

(Reported by J. W. Scott, Resident Student.)

Jacob Bacerba, aged 42, native of Switzerland, was admitted in Ward 27, September 14th, 1886. He had been living in a malarial district for some time and had been discharged from the Hospital a couple of weeks before, cured of malarial fever. He was slightly jaundiced, tongue heavily coated and bowels costive. Three days before admission he began to feel weak in the legs; the weakness increased rapidly and when admitted he was unable to move his legs, sensation to touch was however normal, though he complained of pain in the paralyzed limbs. He was given four compound cathartic pills, which gave a copious action from the bowels, but from then on he lost control over the sphincter ani; the bladder at this time also became paralyzed and he was troubled with retention of urine, soon followed by incontinence; the patella tendon reflex was lost. All of his symptoms increased markedly in severity on every alternate day, although he manifested no sign of fever, his pulse and temperature remaining normal.

On September 20th, he began to show signs of improvement; his urine stopped dribbling and he acquired some control over the bladder; on the ensuing day the rectum could be controlled, and he could move the legs a little; the pain was diminished. On October 4th, the patient had regained complete control over urination and defecation;

the pain in the limb had almost disappeared and he was able to go about on crutches. The improvement progressed rapidly and to-day, October 14th, outside of a slight weakness in the lower limbs he is as well as ever and gaining flesh.

The treatment consisted of good diet and tonics with the regular administration of five grains of sulphate of cinchonidia three times a day.

Correspondence.

OUR PARIS LETTER.

(From Our Regular Correspondent.)

PALUDISM AND PNEUMONIA.—VIGNAL COLLEGE DE FRANCE.

M. Netter, of Nancy, read a paper at the Medical Congress held there, on a case which came under his notice at a hospital in Genoa after the war in 1859. The patient was chaplain to the hospital, and when M. Netter first saw him, he had a sudden attack of febrile bronchitis, but bleeding had produced a beneficial change, though the day following pneumonia set in. The patient appeared of a strong constitution, but showed signs of great suffering, coughed incessantly, and the expectoration was of a reddish color and viscous. As pneumonia was evident, M. Netter intended adopting the usual treatment, frequent bleedings, emetics, and blistering, when he noticed that the patient's pulse was quite normal and as regular as that of a person in good health. As the paludal fever predominated, the patient was questioned as to his former manner of living, and it was found that before entering the hospital he had been in the ambulance service and contracted fever. The night preceding this examination, he had been delirious, and M. Netter calling up the foregoing facts came to the conclusion that the chaplain in accompanying the army must have contracted the germs of paludal diathesis. After

the cessation of the fever, the diathesis **must** have persisted in a latent form up to the day before a fresh attack ensued, dissimulated under the form of acute bronchitis. The change, which followed the bleeding was a mere coincidence, and it was probably the bleeding which caused the second attack to be more violent, complicating it with passing delirium, and turning the bronchial fever into a pernicious pneumonic one.

The following treatment was had recourse to: The patient was cupped six times on the painful side. One gramme of sulphate of quinine was given on trial. In the evening there was visible diminution in the difficulty of breathing, the pain in the side almost gone, the expectoration still continued reddish but less abundant, the crepitant râles as before, and persistent apyrexia.

The following day there was a considerable change for the better: no expectoration, no pain and easy breathing; fever had diminished, and 8 decigrammes of sulphate of quinine was given. Three days after, convalescence was complete; quinine was continued to be taken, for fear of a relapse. In concluding, M. Netter remarked that if paludism existed more or less in Paris, and was at the bottom of external diseases, it ought to be met with frequently in all kinds of internal complaint, and that in cases of abnormal pneumonia observations should be made, not only night and morning, but at every hour, without tiring, lest some irregular remission might pass unperceived. If M. Netter had not chanced to see the patient in question during the febrile remission, he would not have recognized the peculiar nature of the affection.

COUNTER-INDICATIONS OF EXTIRPATION OF TUMORS FURNISHED BY THE BLOOD AFTER MICROSCOPIC EXAMINATION.

M. A. Nepven, of Paris, read the following notes at the Medical Congress at Nancy, on the generalization of melanotic tumors:

In the first case there was a melanotic tumor in the arm-

pit. Microscopic examination of the blood showed generalization. Death ensued a few months afterwards. In the second case, melanotic tumor of the right middle finger, ganglionic tumefaction in the arm-pit, generalization shown in the microscopic examination of the blood. Death occurred a few months later.

With a third case there was a melanotic tumor of the great toe removed in 1883; tumefaction of the inguinal ganglions in 1885, ablation of the ganglions in Feb., 1886; new growth in the cavity of the iliac. This patient is still living, and the case is the most curious of all. M. Nepven draws special attention to it. Before the operation, he found in the patient's blood white globules, which had almost all become entirely black by absorption of melanotic granulations; there were free melanotic granulations present in a pretty large quantity. Certain masses of red globules were slightly tinted with black. Capillary casts, similar to the fibrinous cylinders of the kidneys were small, but were irregularly tinted black, and were probably embolic coagulations proceeding from the same tumor.

M. Nepven examined the blood three times after the operation, a fortnight elapsing between each examination; the diminution of free melanotic granulations or absorption of them by leucocytes was considerable. What explains the presence of these melanotic capillary emboli, is that at four different times the patient became suddenly speechless, which condition once lasted a few seconds; at other times, several days, when he had a sort of paralytic attack. At present he is very slightly hemiplegic, but is ignorant of the fact.

TREATMENT OF PHTHISIS BY INHALATIONS OF FLUORHYDRIC ACID.

At the Medical Congress at Nancy, M. Seiler, of Paris, read a paper on his treatment of tuberculous patients by means of fluorhydric acid inhalations, which were administered daily for one hour, and repeated twenty to thirty times. The proceeding consisted of agitating the air by

means of small bellows in a mixture of water and fluorhydric acid placed in a gutta-percha bottle in the following proportions :

Water,	. . . . .	150 grammes.
Fluorhydric acid,	. . . . .	50 grammes.

The air charged with fluorhydric vapours is driven into the room in proportion of about 10 litres to a square foot, and in this room the patient remains.

The following results have been obtained: Oppression and dyspnœa have disappeared after from one to ten inhalations. The attacks of coughing have been less frequent; night sweats have ceased after six or seven inhalations; sleep has been good and refreshing; expectoration has decreased in a remarkable manner, having taken a bronchial form in some cases. The appetite has returned with some patients after four or five inhalations have been practiced, but after a longer period with others, and the weight of the body has increased in proportion.

BENIGN AND MALIGNANT NEOPLASMS.

The following paper was read at the Medical Congress at Nancy by Dr. Verneuil, of Paris, who said that it was quite erroneous to suppose that pain was but slight in benign neoplasms, such as lipoma, adenoma and fibroma, and that, on the contrary, there was great and almost constant pain in cases of malignant tumor. Such, however, is not the case, as benign tumors may be attended with great pain, whilst malignant ones may be painless.

In making a diagnosis where no pain is felt, if the medical man neglects to make an examination of the organ affected, in spite of the morbid symptoms ascertained, the character of the tumor is misunderstood. This error in the diagnosis entails one in the prognosis, and in the treatment, consequently an operation which might be urgent is postponed.

Let us take for example the case of a woman at the stage of menopause; she has repeated metrorrhagia, but at-

tended with no pain, and her objection to undergo any examination allows the symptoms to continue unheeded until they become more serious, and owing to loss of blood the patient gets *alarmingly* thin. Upon examination it is observed that the neck of the vagina is attacked and it is too late to make an operation; here then is a great fault resting upon a theoretical error. Tumors may be accompanied with great or no pain, and whatever the nature of the tumor may be, lack of pain is a more frequent symptom at the commencement; so long as the tumor has not made great way it is not painful and it only becomes so when the nerves round about are irritated.

Research in tumors, cancer, epithelioma, etc., has proved the absence of nerves. In conclusion Dr. Verneuil remarked that pain *does* exist in neoplasms, but it is an *extrinsic* phenomenon, whilst lack of pain is an *intrinsic* phenomenon.

INFLUENCE OF THE LARYNGOSCOPE IN DIAGNOSIS OF LARYNGEAL AFFECTIONS.

Dr. Paul Koch, of Luxembourg, read a paper at the Medical Congress at Nancy on the great importance that the laryngoscope has acquired in laryngeal affections. They often precede pulmonary symptoms some time, and it is thus, that tuberculous ulceration of the larynx enables a diagnosis to be made in pulmonary tuberculosis. Moreover, laryngoscopic examination forms the basis of the diagnosis and local treatment, which are both so important in such cases. Laryngeal ulcerations arising in the acute period of typhoid fever are more frequent than is generally supposed. They advance in proportion with characteristic ulcers in the intestines. The presence of syphilitic, and especially gumous laryngeal ulcers, are of the greatest indicative value in the diagnosis of syphilis; in those cases where examination has only given negative results, the mirror alone enables a true diagnosis to be made. In acute muscular rheumatism it is the exception when the

crico-arytenoid articulations are affected. When they are attacked the mirror represents the lesion under the form of round malignant tumors. Dyspnœa of the laryngeal type, suddenly arising during an attack of acute muscular rheumatism, would suggest this condition, and in this instance the laryngoscope would facilitate the diagnosis.

Dr. Koch spoke of the many services which the laryngoscope can render in cases of laryngeal paralysis following diphtheria, and chronic poisoning with lead, arsenic, or atropine; in those connected with œsophageal cancer, in Bright's disease, in affections of the thorax, and in a series of complaints the enumeration of which would be tedious, but proves the great value of the laryngoscope.

APPLICATION OF HEMATOSCOPIA TO PHYSIOLOGY.

The following paper was read by M. A. Hénocque, of Paris, at the Medical Congress at Nancy. The author stated that hematoscopia was a method for spectral analysis of non-diluted blood, and of the blood in tissues. The first method of examination consists in determining with the Hénocque hematoscope, the quantity of oxyhemoglobine contained in a drop of blood obtained by pricking the skin. The second method consists of examining by the aid of a (direct vision) spectroscope, the blood in circulation through the thumb-nail, and of counting the length of reduction of the oxyhemoglobine. *Activity of reduction* is the connection which exists between the quantity of oxyhemoglobine and the length of reduction.

Unity of activity is the quantity of oxyhemoglobine normally reduced in one second in the thumb. Activity of reduction varies independently of the quantity of oxyhemoglobine; it is generally increased in people of sanguine constitutions, and those suffering from arthritic and rheumatic complaints and herpetic laryngitis, but is lessened in cases of anæmia, chlorosis, epilepsy, bilious attacks during the menses, and certain phases of phthisis. Activity

of reduction is influenced by general and local medications, in which the immediate or later results are measured and ascertained by an hematoscope. With the double spectro-scope recently constructed by M. Lutz, according to M. Hénocque's indications, two examinations can be made.

APPROXIMATE CAUSES OF DEATH IN ILLNESS.

At the Congress at Nancy, M. Fauvel, of Paris, read the following statement :

Life, according to Bichat, was the reciprocal result of breathing, circulation, and innervation, and death was the suppression of one or other of those factors. But to-day, embryology shows us that the lung is only a diverticulum of the cutaneous surface, and that circulation preceded the heart. The human organism, such as we at present understand it, is an assemblage of histological elements all of which proceed by fissiparity of the cell—the egg.

The elements have their own life ; they reproduce and die independently of each other. In this sort of republic, so to say, the parts played are more or less important, and M. Fauvel seeks to find out which are those elements of which the importance is preponderant, and on the existence of which depends the approximate causes of the life and death of a person. He ends his work by the following conclusions :

The approximate causes of death are : 1st, the absence of or diminution of oxygen inhaled, under the influence of which the nervous influx develops itself ; 2d, the absence or diminution of albuminoids which ought to repair the losses produced by this action ; 3d, the presence of toxic substances, whatever be their origin, which arrest the work of which the nervous elements are the seat, or lead to disorganization which may be more or less complete.

WAS IT YELLOW FEVER? ✓

By M. SCHUPPERT, M. D.

"Solamen miseris
Socios habuisse malorum."

Messrs Editors:

Inasmuch as one of the immediate consequences of the investigation of the officers of our Board of Health into the late fever cases of Biloxi, an established quarantine has again passed away, thought to be not further servicable, and since therewith the irritation and excitement of a great many of the people of Biloxi, on account of that quarantine have subsided and given room for a second sober thought, I think it not improper to contribute some of my experience which may probably assist in deciding the question:

Were the Biloxi fever cases in reality true Yellow Fever?
Unprejudiced, an impartial observer and a medical practitioner of 35 years almost uninterrupted practice in the city, it will not be considered I hope an arrogant presumption to advance here an unbiased opinion, based upon so extensive an experience,

It will hardly be necessary for me to mention here, that the bad blood the people of Biloxi presented, was mainly due to the difference of opinion of medical men in regard to the character of the existing fever: that whilst their local physicians had pronounced it "*simple malarial fever*," the health officers of this city considered it to be *yellow fever*, which latter opinion brought about the quarantine as the next consequence. The people of Biloxi of course stood to their local physicians, and the more so since they had received support from outside medical quarters, of which not the most unimportant one was that of the envoy of the Surgeon-General of the U. S. Marine Hospital Service.

It will therefore be proper to inquire in how far that difference of opinion was permissible and justified, and if not one, or the other party from obvious errors had arrived at an unjustifiable conclusion?

I find it also necessary to mention here: that about twelve miles remote from Biloxi lies Ship Island, at present used as a confinement for infected vessels, especially those with yellow fever on board; the selection of which place for the mentioned purpose, I consider involving a great recklessness if not a highly imprudent measure. No one certainly was more interested in that subject than the citizens of Biloxi, and therefore more to be blamed. For a much frequented summer resort as Biloxi has been and the opportunity it offers to more or less extensive boat excursions of its people, Ship Island was much too near for that city. To organize a strict quarantine against all contact with such an infected neighborhood, was under the existing circumstances an absolute impossibility. But it is still not too late to mend that evil. There are other islands, for instance the Chandeleurs, some forty miles distant, which would offer a greater security in that respect. That a communication between Cadet Point, that outpost of Biloxi, the place where the suspicious fever cases appeared, and Ship Island, has happened, is beyond further controversy, and could be proven by reliable authority.

These few remarks seemed to me necessary and will not be of minor importance in assisting the delivery of a proper and correct diagnosis of the nature of the fever in question, the more so, since the impression existed among the local practitioners of having to deal with a malarial fever, which of course prevented them from a more exact and complete investigation. Much different was the action of our officers. Coming across fever cases which had been pronounced "suspicious," they, as health officers, were bound to be more anxious to leave nothing untouched which might help to arrive at a correct diagnosis, well knowing that an error on their part might lead to the most serious and fearful consequences. They were probably also aware that should the result of their examination differ from that of their colleagues and point to yellow fever, contact with the near and infected Ship Island could not be an unimportant question in the present con-

troversy; though I do not know if that importance has been laid upon it which the matter deserves.

When the first rumor reached our city, that fever of a suspicious character had appeared at Cadet Point, the President with the Secretary of the Board of Health went there for investigation. As the sick had been under treatment by the local physicans, who had declared the cases to be malarial fever, our officers, of course, could not expect such support from their colleagues as would have been desirable in such an investigation, though fortunately it proved not absolutely necessary in order to arrive at an independent correct conclusion.

From the exhaustive and lucid statement the President of our Board of Health has given in one of the Board's sessions of what he learned and experienced at Biloxi in consultation with the health officer of Mobile, Doctor Scales, and the Secretary of our Board, Dr. F. L. Salomon, a gentleman I had sufficient opportunity to learn to esteem, and in the truth of whose statements as well as his capacity as an expert in yellow fever questions, I can fully rely, there cannot exist the least doubt with me about the confidence which I have to place in the conclusions these officers arrived at.

True, these gentlemen had to labor under certain important difficulties. They were deprived of a personal inspection of the sick, since all, save the two who died, had recovered. All of those seen were therefore convalescents; nevertheless, the result of the examination was fully satisfactory. Great reliance no doubt had to be placed upon the answers given them upon many questions, but these were given by *husband* and *brother* of the dead, by gentlemen besides well qualified for that purpose.

I then say: If the statement of the President of our Board of Health was the true result of the investigation of the three officers named, which I unhesitatingly take it to be, it must produce in every educated, unprejudiced physician, well instructed besides and experienced with yellow fever, the conviction: that the conclusion at which

the officers had arrived was the only proper and correct one. While the whole of Biloxi, at the time these fever cases happened, was said to be free from fever, from all kinds of malarial affections, we come suddenly across "*a fever with one paroxysm of three days' duration*," accompanied by headache, pain in the back and limbs, nausea, followed by convalescence. In the same house, within a period of seven days later, five other persons stricken with symptoms *identical* with those of the first sick and a suffering different only in duration, intensity and result. At the same time, in another house about twenty-five yards distant, four more persons falling ill in quick succession, in precisely the same manner. The evidence embraces therefore the history of eleven white people who had never suffered from yellow fever. All were neighbors, and previously healthy; had suddenly and without any apparent cause taken sick in the manner described: "fever of one paroxysm, lasting from 30 to 70 hours," coming on at night with a different intensity and invariably associated with pain in the head, back and limbs, nausea, and also vomiting in some, the convalescence in the severer cases characterized by great feebleness and a peculiar languor and calmness. The pulse of one convalescent adult was 60 to the minute. Further, there were manifested a red-edged tongue, a yellowish tinge of the skin and conjunctiva. A girl of 15 had the fever three days before it passed off by itself, when two days later, in a calm stage, free from fever, she died in a drowsy condition, out of which she could be aroused when spoken to by the attending doctor."

I have seen many die in exactly the same manner during the diverse yellow fever epidemics. "In the neighboring house a lady, with all the same symptoms, including vomiting black matter and blood and delirium, was observed. The fever was said to have passed off after two days, after which she had two convulsions, just before she died. The one copious ejection of black matter and blood *was expelled by convulsive action of the stomach, without any*

apparent effort of vomiting, immediately before death.” The italics are mine. I have besides seen a great number die in the same manner, and look upon it as a characteristic symptom in yellow fever. Husband and brother gave this information at that time to the investigating officers in a straightforward manner, though at a later period their memory seemed to have become rather confused and defective. The soiled bed sheets though were inspected by the officers, and the black matter with blood distinctly recognized, and were not mistaken for red wine, which, as afterwards stated, she had been drinking just previous to the vomiting. This would be entirely irrelevant if the doctors had not seen that black matter, but that it could be seen and not discriminated from red wine is utterly impossible to believe of any person who has only once inspected the stuff vomited in yellow fever. The skin also, after death, was decidedly yellow, as testified to by the same gentlemen, husband and brother, and others who had seen her after death.

“Of the nine cases then which signaled the outbreak of the fever two had died. Of all the eighteen cases nine were of one household, four of another, and the two houses not more than twenty-five yards apart.”

To give a better description than we have here before us of yellow fever, the author will have still to be born.

What on the other hand is there on record from the local practitioners and some others who were at that time at Biloxi? We heard the fever pronounced simple malarial, hemorrhagic malarial, bilious and remittent bilious fever. We are not in possession of any distinct specific phenomena of the fever cases; not of an *exact* daily repeatedly taken temperature, or a proper record of the pulse, nor was the urine examined for albumen.

But besides those physicians mentioned, there was an additional expert, a United States Assistant Surgeon, as envoy of the Surgeon-General, who had been ordered there to examine into the fever. After a three days stay at Biloxi, the envoy sent his report to his superior

officer. We find him to state that, on his arrival at Biloxi, nine persons had already been sick, two of whom had died and the others recovered. After stating that the officers of the health boards had passed their verdict about the character of the disease as yellow fever, the doctor calls attention to the extreme uncleanness of the place, as based upon the report of his inspector, who could not give a better description of the dirty condition than by comparing it with our city—not quite complimentary, but maybe nevertheless true. The Doctor also mentioned the neighborhood of the sick district to the shrimp canning establishment, and as another source of uncleanness, the water closets near the wells, which all were significantly pointed at. He had the large heaps of putrefying shrimp offal disinfected by the inspector. With what heightened suspicion the Doctor looked upon these unclean matters in regard to the origin of the existing disease, may be seen from his further remarks :

“It would be strange,” he says : “if sickness did not develop in a neighborhood where such decomposition took place, and nothing smells worse than decomposing shrimps, or, once developed was not modified (?) by the surroundings.” After that singular statement, the doctor probably smelling it a little too fishy, added that : he did not think the canning factory played an important part in causing the sickness. Here then we observe the old dirt hypothesis, for long considered dead and buried, again resurrected and regarded not only as the true cause of the fever but besides as *modifying* its character ; an idea hardly defensible if uttered half a century back.

This fever then, which we might call the *shrimp fever*, reminds me of another similar one called *rice fever*, which some years ago played also a not unimportant role. Down the river not far from the quarantine station, where at the time a vessel with yellow fever on board was in quarantine, in that neighborhood some suspicious fever cases like those at Biloxi turned up. Some physicians who had seen them were also at variance among themselves. While those sent

there for investigation called them “*rice fever*,” another disinterested, intelligent and with yellow fever well-experienced doctor, also a United States Assistant Surgeon, unlike his colleague at Biloxi, insisted upon the diagnosis of yellow fever.

The Surgeon General’s envoy further remarks that on his arrival he found 8 persons still sick, living more or less remote from the centre of infection, but inside of a mile, and that all had recovered when he left, with one exception, a woman enciente, who had taken sick on the first of September and miscarried on the 6th. Albumen in the urine was found only in one case. No yellowness of gums, conjunctiva, or the skin, was observed, though the patients had nausea and some vomited greenish matter. The temperature taken on the 4th of September of all, ranged from 100° F., down to normal. In every instance but one, the temperature had ranged in from one to three degrees.

The Doctor closes his report: “With these clinical facts before me and the additional facts that nearly a hundred operatives were at the factory in the infected district daily from morning till night, more than two-thirds of them, men, women and children going to their homes in another part of the town, and all remaining perfectly healthy, *it would have been a medical mistake for me to have recognized yellow fever.*” And once more referring to those cases which had been seen by him, he said: “*I am satisfied that they had malarial fever, modified by bad water, by domestic insanitation, and possibly by the constant stench of putrefying shrimp.*”

I hope I have given here a fair repetition of the material points of the Doctor’s statements.

What he mentioned as obtained from personal intercourse with people that, their statements had not fully corresponded with that of Dr. Holt, I consider as extremely irrelevant, and as perfectly too well understood to waste another word on it. But different is it with the Doctor’s reasoning, why he could not pronounce the sickness yellow

fever, but had to call it a "malarial" and even "a modified malarial fever." Just what the Doctor here insinuates as antagonistic to yellow fever and self-evident to advance his malarial diagnosis upon, does not much favor his idea. The living of hundreds of people in the same infected locality, and, as he wants it, under the constant noxious smell of a batch of decomposed and putrefying shrimps day for day, while only a corporal's guard was stricken from that "pestiferous smell," {that the sick nevertheless remained in so insignificant small a number, besides having been so rapidly taken sick, in so short a succession, while the hundreds who continue to live under the same noxious influence, escape a similar infection, would, it seems, speak with greater force *against* the presence of a malarial poison than against yellow fever.

That on the other hand, a batch of sporadic yellow fever cases does not always carry the contagion to other places, infect other persons, such a failure of transmission can only cause wonder in one not well versed in the history of the seeming vagaries of that disease.

Doctor Holt in his report to the Board of Health, mentioned several instances of such batches of sporadic yellow fever cases which happened in this city and in which the fever remained limited, though with varying exit of the infected, of whom some died, while others got well. I could, if necessary, even increase that number of so-called anomalous contingencies of years prior to those mentioned.

"A malarial fever!" A fever that disappeared as suddenly as it appeared, with the whole of Biloxi in a healthy condition, without a single fever case being known to previously exist, is indeed a singular phenomenon. And where did that fever come from? Will any medical man of to-day really believe that such a fever as we observed, could be caused by the odor of a heap of decomposing shrimps? Or even be modified by it? A fever which breaks in like a thief at night, with one paroxysm fol-

lowed by the balance of symptoms repeatedly here described, which disappears with death in its footprints, or without leaving any other traces behind except a prostration lasting but a short time?

An exact counterpart of that fever I observed during the epidemic of 1878, at Grand Isle, where dozens of people, mostly children, were suddenly taken sick, and after a three days fever had recovered, and not a single lethal case among them. Indeed, had not at the same time yellow fever existed in the city of New Orleans, to which the importation had to be traced, even the most experienced physicians with yellow fever would have been puzzled in recognizing the true character of the short epidemic on that island. But at the same time this happened on the island numbers of Italian refugees from the city of New Orleans, who were living on their schooners on the lakeside of the island, died by the dozens and under the most manifest and unambiguous symptoms of genuine yellow fever.

That the doctor among nine sick persons, met in three a rise of temperature from 1 to 3 degrees, between the morning and evening visits, and that temperature lasting 48 hours, as also, after a three days patient investigation, in depending exclusively upon the uncontradictory answers given him by nine persons, from 2 to 13 days already convalescents, seem to me weak arguments upon which to make out a support for his diagnosis of malarial fever. Besides, there seems no need to point to the absurdity that any medical man among a batch of twice nine persons, would admit the probability that the first number might have suffered yellow fever and the second malarial fever, as long as the admission of a malarial fever rested still under a cloud of such vast doubts, and the second batch of nine persons did not present stronger symptoms than the first, and for which could not be found corresponding examples in the history of yellow fever. The only symptoms the Doctor admits, and which he found "different from those of all ordinary malarial" fever was the tongue, which in all he met, was

“ narrow, pointed and red at the sides and tip,” and those tongues spoke also a language, but unfortunately the Doctor did not understand it, or the singular stench emanating from the putrefying shrimp, which modified the malarial fever, had also deadened his senses.

Of the various points mentioned by the doctor, or hinted at, which seemed to him sufficient for warranting a denial of the existence of yellow fever, there was not a single one which could not be declared as born in error or inexperience. Besides of what I have already mentioned of the character of yellow fever, the many apparent exceptional phenomena accompanying various fever cases in their final exit, have for the student of the history of epidemics of that fever nothing strange and to be wondered at. There exists hardly a single case in which certain symptoms may not be missed and constituting nevertheless genuine yellow fever.

During six of our more extensive epidemics of that fever, I have observed cases to die without any discoloration of the skin, or conjunctiva, either before or after death. I saw after the first paroxysm of fever was over, the temperature rise again from one to three degrees for two and three days before entire recovery, while other cases apparently fast improving after the first paroxysm of fever had passed off, died suddenly on the third or fourth day with and without convulsions, with and without throwing up black matter. I have seen patients abort, followed by the most severe hemorrhages, the blood flowing out of almost every opening of the body and recover, and singular to say never saw one die from such extraordinary profuse bleeding among the great number I treated.

On the other hand, I have observed death to take place in cases with apparent slight symptoms. Though at the post-mortem, black mater was discovered in the stomach, and they turned, after death, as yellow as a lemon. I saw others die from what was improperly called a *relapse*; death here in most instances, was caused from indigestion; while others recovered, notwithstanding the most astonish-

ing extravagances, as eating a platefull of "sauerkraut," drinking a pitcher of beer, etc. I saw a boy recover, who is alive to-day, whom I had given up for lost after he had thrown up a big basin full of black vomit, and his skin had turned deep yellow. That boy, 10 years old, was thrown by his desperate father into a tub filled with crushed ice! And the boy recovered!

I could increase the number of such exceptional and extraordinary cases of yellow fever, if anything further was to be won by them.

The singular statement the Surgeon-General is said to have uttered that: his envoy—who otherwise may be as excellent a diagnostician as he evidently is a gentleman and clever writer—ought in the Biloxi fever cases to have gained a superior and better qualified judgment on account of his three days stay at that place, for his investigation, while the officers of our board had not remained there 24 hours, proves, true, to say the least in a generous manner, that: the Surgeon-General may be a very questionable judge, if not of human nature in general, but evidently if coming in contact with yellow fever experts. In a batch of such fever cases, (the end of which besides is not yet secured) which refuse to be registered "*lege artis*," when the true character can but be recognized by a thorough familiarity with the vagaries of that disease, in which the incipient cause, the surrounding circumstances, and other concomitant and exceptional factors play often as important a role as the common known symptoms, the diagnosis becomes more difficult. Of a disease besides, of the inner nature of which we are still too much in the dark to render the diagnosis more secure, when factors remain unrecognized or are not taken in consideration, that diagnosis may become still more difficult, if not impossible. But with a surrounding known fever herd, to which the contagion could distinctly be traced—which it strikes me had deserved here a more inquisitive handling—the question: if yellow fever or not, comes nearer its solution even if the symptoms should lack the desired distinction, or, if the greater number of the known symptoms of the fever should be wanting.

Under such circumstances, in addition to what we have been informed by our officers, by a just and intelligent discrimination of the surrounding factors, it ought to demand no great amount of judgment to tell the result of a proper investigation.

A point which deserves here besides a few words of explanation, or correction, consists in the selection of the term, "*a fever of so mild a type as not to be dangerous,*" or as the Surgeon-General had it, "*merely a light form of Spanish fever,*" whatever that may mean, though it appears to me rather "*Spanish.*" That term, "*a mild type*" being prone to misinterpretation, I consider its use improper, and think it ought to be totally abandoned.

Yellow fever is yellow fever. It is but of one nature, and varieties are unknown to us. Its different virulence can have its cause either in the quality or quantity of its poison, or the constitution of the person affected. Though the fever in all probability belongs to the germ diseases, yet pathological anatomy has so far failed to prove it. The germs said to be discovered and named by their nosographical authors as *Cryptococcus Xanthogenicus*, by Friere in Brazil, and the *Peronospora Lutea*, by Carmona, of Mexico, have not yet been accepted by the medical profession in general as the true representative microbes of that disease. If we had, as in *cholera* and *tuberculosis*, such known and generally accepted characteristic bacilli, the question, if yellow fever, or not, could, in every instance, be easily decided; but as long as we remain here in the dark, we have to depend most upon the clinical characteristics the disease presents.

In whatsoever then the poison of the fever may consist, if in a germ, or a still undefined body, the diagnosis of the fever will rest either in the evolution, the stage, the degree of development and multiplication of the germ, or in the fever's field, which may be either sterile or fertile for the more or less rapid propagation of the poison and on which the spreading, or dying out of the fever will depend, or in other words, on the constitution of the person affected.

Thus may also be explained the fever cases which appear sporadic, be it in a limited or greater number, with the fever of more or less violence, while on the other hand we may observe people passing scot-free through even the most terrible conflagrations which we have so often encountered in our different epidemics.

To the common and known characteristics of the yellow fever I will add here what may but rest in an individual capacity of a few, yet which in every epidemic has let me, and without a single failure in my recollection, recognize the presence of the fever in the specific scent emanating from the patient's perspiration. The smell of the sweat was to my olfactories always so specific and infallible a symptom that in cases with a profuse perspiration I could have dispensed with all other signs to render a correct diagnosis of the fever.

I will close here this chapter with proving how difficult it may under circumstances become to convince medical men of a committed error, ever so palpable and apparent, and most so when they labor under the influence of prejudiced and preconceived opinions.

I do not in that respect think that I can give a better proof than by relating some incidences out of the great fever epidemic of the year 1853. The history of that epidemic is at the same time of high interest in so far as it assisted in a great measure to give, if not at once the *coup-de-grace*, at least a decisive blow to the idea of an *indigenous origin* of the fever, teaching importation as the *sine qua non* of yellow fever in this country; while in destroying the *filth hypothesis* it began to kill the opposition against the fever *contagionists*.

It was on the morning of the 22nd of May, of that, in the history of this city and State, ever memorable year 1853, that I entered the Charity Hospital with a man, whom I intended to place in one of the wards, at that time under my care as one of the visiting physicians of that institution. In entering the hospital I met on the floor of the house in conversation some of the other visiting surgeons and physicians of the

hospital. The Doctors STONE, JONES, CENAS, FENNER and WEDDERSTRAND, with the newly elected house surgeon, Doctor SAM. CHOPPIN. I took the occasion of calling their attention to my patient. Having given the information as well as at that time, in a language still foreign to me, I was enabled to do, that the man was a sailor of a German vessel, coming from Bremerhaven, Germany, that a few days after the vessel had anchored at the wharf at the head of Jackson street, three men of its crew had suddenly taken sick and that the man before them was one of these patients. After that information, in which I included the main symptoms with the source of the fever suspected, I advanced my opinion that the fever might be *yellow fever*. That audacity should be punished on the spot. The gentlemen were laughing at the "green horn," while Dr. Stone made the extra remark for my benefit "that yellow fever never made its appearance so early in the season." Dr. Fenner, later one of my friends, observing my helpless condition in not being able to defend my position, tried to extricate me in saying that I probably wanted to name the disease "gastro-duodenitis." I cut the knot by declaring that what I had pronounced it, was my honest opinion. On the next morning I placed the other sailor in the same ward.

I had given to the captain of the vessel my opinion of the character of the ailment, and believing that the two sailors would die, I persuaded the captain to let them be removed to the hospital, to prevent an alarm among the rest of the crew, to which proposition he gave his consent. Engaging the captain's full confidence and remembering the treatment I had received at the hospital from the most distinguished and experienced medical men of the city, I thought it useless to call in consultation any other member of the medical fraternity, though I was well aware that all the knowledge of yellow fever I then possessed was entirely based upon book learning and what I brought away out of the lecture room of the then celebrated pathologist, Heusinger, of Marburg.

I had meanwhile fortified my position in regard to the diagnosis by obtaining a more complete history of the German vessel *Augusta*, since she had left the port of Bremerhaven. I found out that the ship had been towed up the river by the boat Panther in company with an English vessel coming from Kingston, Jamaica, and named the *Camboden Castle*. Three of the crew of the *Augusta*: the cook and two sailors, had boarded the English vessel on the road in search of some fresh vegetables or fruit. These three sailors were the identical men who had fallen sick on the *Augusta*.

An investigation on board the English vessel revealed further information of the losses that vessel had experienced whilst at Kingston. She lost there from yellow fever, which reigned epidemically on the island at that time, the captain, mate and seven sailors. There was no one sick on board at the time, because all were acclimated. The contagion the German sailors then had brought home from their visit on board of that ill-fated vessel, they had contracted there, in the sailors' rooms they had visited. These rooms are very close and damp, and seldom very clean, at least in those sailing vessels at that time. Besides, some of the former crew had been sick in them and some had even died therein. No further doubt could now exist with me, that I had been correct in formulating my diagnosis.

Why then, were those gentlemen at the hospital, though they had been in part informed of these facts, and with one portion of the *corpus delicti* before them, nevertheless, so obstinate in refusing the correctness of that diagnosis? Evidently the month of May, though near its end, had more convincing force with them than either the symptoms or the history of the fever cases. Weak and untenable as their position was, still not before they had seen the black vomit, became the question settled in my favor, in causing a doubt in the justice of their further opposition.

Equally so did the commissioners appointed at a later time by the Government of the State to inquire into the

origin of the fever epidemic, fail to discover the real source, and they thus missed the opportunity of becoming real benefactors of their people. But being anti-contagionists, and too much handicapped by their stubborn belief in the indigenous nature of the fever, they fell from one error into another.

The action of both parties may well demonstrate how prejudiced minds and preconceived opinions may darken and subvert the power of even the clearest understanding.

It was most so with that committee. In its voluminous report, thinking physicians might have been induced at an earlier date to adopt and advocate the theory of importation of the fever, and demonstrate the weakness and ridiculous reasoning of the opponents of its contagiousness. But unfortunately the principal articles of their creed were based upon the indigenous character of the fever, and the main elements out of which that fever originated were *filth, moisture and heat*. They might also have shortened the time in which a quarantine was considered but an hindrance and impediment to commerce, instead of a protector of life; a position the committee, of course, could not arrive at under the ruling idea of an indigenous fever. How many thousands of lives might not have been saved which were still wantonly sacrificed to the Moloch of ignorance. But the time had not come yet for the Sphinx riddle of the origin of the fever to be solved.

The heaps of dirt around the wharf where the German vessel had anchored were stamped as pestpiles from which the sailors had contracted the fever. Every heap of dirt in that neighborhood had fallen under suspicion. Though one of the elder practitioners of our city, Dr. F. G. McFarlane, a master wit and sarcastic member of his profession, stated it repeatedly as his experience, that the health of the city had always corresponded with its dirty condition, with its filthiness. The greater the accumulated filth, the healthier had been the city, and the statistics of the health reports supported him.

In fact if dirt had ever been a factor in the fever ques-

tion, the people of this city would have to be looked for either in the hospitals or the graveyards.

In this, I hope not to be misunderstood to be an enemy of one of the most noble characteristics of a cultivated people, of cleanliness. I fully subscribe the known aphorism of the late celebrated Liebig, that: "by the quantity of soap used by a people we may judge the standpoint of its civilization." But I am as heartily opposed to the unqualified and abstract belief that: dirt at any time either in the past or present, has been the cause of any of those frightful and deplorable epidemics of yellow fever, from which we had so much to suffer. But not only in yellow fever, no, in no other ailment can I admit dirt without the presence of a specific substratum, or germ, to be the cause of the disease.

In conclusion, from what I have given in the foregoing illustrations and statements I feel empowered to repeat, and declare most emphatically, that the three health officers after their thorough investigation of the fever cases at Cadet Point, as far as that investigation under the existing circumstances could be accomplished, arrived at the proper decision in declaring those cases to be *genuine yellow fever*, and that the officers acted not merely symptomatically, but also politically properly and correctly in inducing the Board of Health to establish a quarantine forthwith as a protective measure towards city and State, as far as such an object is attainable. By that timely action, no doubt, a more extensive and more vigorous quarantine, coupled with far more serious consequences towards our city was thereby prevented, which, undoubtedly, would have been organized by one or the other of our amiable neighbors.

The officers therefore have deserved the highest encomium and approbation and when they committed an error such had rather to be looked for in the short time the established quarantine remained in existence, since it can never be stated with security when the fever has really died out, and most so is such the fact in a city where so

many contesting interests are alive, and hiding a fever case thought to be the better policy.

But one of the worst acts was committed by the Biloxi *medici* in appealing to a mass meeting of their fellow citizens, arousing their unreasonable and groundless ire and bad feeling to a still higher degree and requesting at the same time support in the decision of a question which exclusively belongs to the arbitrament of the medical faculty.

This article was written on the day the quarantine against Biloxi was again abolished but I see no reason to alter a single statement in it, though much has since happened in the line of such an inducement.

LEADING ARTICLES.

THE BACILLUS TUBERCULOSIS AND PHTHISIS PULMONALIS.

It is now but four years since Koch announced his discovery of the bacillus tuberculosis and asserted his belief that this organism was the originator of consumption. No such radical views in regard to a disease had ever been so generally adopted as were these, and few and far between were the men who ventured to differ with the great bacteriologist. All agreed that the bacillus was the cause of consumption, and the problem in the management of this affection was reduced to the finding of an agent which would destroy the *parasite*.

There were, however, a few of the leading minds of the profession, both in this country and in Europe, who refused to accept blindly a doctrine which conflicted with so many of the cardinal points in the natural history of a disease as familiar as phthisis. How, they asked, can we reconcile Koch's theory with the well known influence of heredity in consumption? Again, if

tuberculosis is caused by an organism possessing such characteristics as those of the bacillus, is it at all irrational to expect it to be contagious? Certainly the advocates of Koch's views have not proven this quality to belong to the disease. Statistics of hospitals fail to show any liability on the part of attendants or physicians to contract consumption from the inmates. In the case of married people, where the conditions would seem especially favorable, authentic instances of contagion are ominously rare. In 844 cases of consumption among married people, there were 445 in which the husbands only were affected, 367 the wives only, and 32 where both were affected. Even in these 32 cases, contagion could not be positively asserted.

A still stronger argument against the contagiousness of phthisis and Koch's theory in general is to be found in a comparison of the relative statistics of country and city patients. Out of 3461 cases, 912 were from the country and 2549 from cities. Of these two classes, the proportions for the country were 58.66 and 41.34 males and females respectively; and for the cities 66.87 and 34.13; in other words, 7.21 per cent. more females suffer in the country than in the city. Dr. Mays from whose article in the *Medical News* we obtain these facts, adds, "this result is the more surprising when we reflect that on the whole, there are more females than males in the city and more males than females in the country."

Another point hard to explain under Koch's views is the fact that in those cases of tuberculosis which recover, the bacillus is the last *symptom* to disappear.

Dr. Mays' article just alluded to calls attention to the reaction against Koch's theory on the part of the Germans. The Germans, however, are not alone in their protest. Dr. N. S. Davis, of Chicago, is a notable example of opposition in America. All who attended the Section on Medicine of the American Medical Association, held in this city two years ago, will well remember Dr. Davis' address on the subject in hand, and how earn-

estly he asserted his belief that the bacillus was only a scavenger, preying upon a tissue which disease had made suitable for its support. Inoculation experiments, he said, were of no value and in his eyes never would be until some one isolated the bacillus, "caught one of these little bugs by the tail" and inserted it into the blood, apart from the pus and other disease products which are always present with this organism. In our own city we have an eminent authority on bacteriology, pathology and microscopy, Dr. H. D. Schmidt, who lately, in a series of articles on *The Bacillus Tuberculosis*, in the *Chicago Medical Journal and Examiner*, stated that in a few years more the only orthodox opinion on the bacillus tuberculosis question would be the same as that held by Dr. Davis.

The reaction grows apace and it may not be long before the bacillus, as a cause of phthisis will lose all its prominence and all its terrors. It flashed into such universal acceptance because of the belief and hope that with such a theory we might at last fight a winning fight with the great disease consumption. Now that time has shown our expectations groundless, a little sober thought may show us why.

THE COMMITTEE ON REPORTS AND ESSAYS OF THE STATE SOCIETY.

It is time something was heard from the Committee on Scientific Reports and Essays of the Louisiana State Medical Society. In order to reach the best results, the work of obtaining and registering promises to read papers at the next regular meeting of the Society, should be begun at once and pushed with vigour during the coming winter.

Last year, the efficient chairman of the Committee, Dr. J. J. Lyon, divided the committee into three sub-committees on Medicine, Surgery, Gynecology and Obstetrics, respectively, each one of which was charged with the duty of soliciting papers upon its particular branch of medicine,

and of reporting the promises as given to the chairman of the whole committee. The plan worked very well and gave us the most successful meeting and the best volume of transactions we have had for many a long day. Perfected and executed with still greater vim, it would doubtless lead to yet more brilliant results at the meeting this spring.

We would suggest, therefore, to our good friend Dr. Newton, that he at once subdivide his committee in the manner above indicated, and communicate his plan of division to us that it may be made public. We would venture to suggest further, that the Chairman of the committee should have printed (with the consent of the President) and distributed to his sub-committees, a large number of postal cards, by means of which requests for papers might be addressed to every member of the society; that all promises of papers obtained by members of the sub-committees should be at once transmitted to the Chairman of the whole committee, who should from time to time communicate to this JOURNAL for publication the names of those promising papers and the titles of the papers promised.

In this way it seems to us that the whole profession of the State may be easily canvassed, and the Committee and the Journal by mutually assisting one another to kindle and keep alive public interest can make the coming meeting at Alexandria the most brilliant and useful in the annals of the Society.

The constitution of the present committee, is:

I. J. NEWTON, JR., Chairman.

H. D. BRUNS.

T. HEBERT.

W. W. LESSLEY.

W. L. DICKSON.

W. D. WHITE.

THE BILOXI FEVER.

This community, indeed the whole country, was thrown into quite a state of excitement on the 17th ult., by the

sudden announcement, that the Board of Health of Louisiana had declared an absolute quarantine against Biloxi and the whole of the county, Harrison, in which that unfortunate town is situated.

A subsequent investigation revealed the fact, that the correspondent of the *Times-Democrat* in that district, had been informed that so far from the fever having abated after its first discovery, September 1st, it had actually increased and was scattered throughout the whole town. He further asserted in his statement to the Board, that there had been since the beginning of the outbreak, about the middle of August, some 250 to 350 cases with 18¹/₂ deaths, and that some of the Biloxi physicians had declared their belief that the disease was yellow fever. He gave the Board to understand that the opinion that the fever was yellow fever, had been held by certain physicians and many citizens for quite a while, but they had endeavored to keep the matter quiet notwithstanding their promise to inform the Board if anything of a suspicious nature presented itself. This correspondent had had his attention called to the subject, by the case of the man Sumpter, who had gone from Mississippi City on October 10th to Biloxi to the funeral of his child which had died in Biloxi after a short illness. Sumpter returned the next day to Mississippi City and after spending most of the night of the 13th Oct. on the Sound looking for a lost boat, was taken sick Oct., 14th and died Oct. 16th of a fever which appeared to some suspicious. This is about the gist of the matter, and upon this testimony the Board of Health felt justified in quarantining Biloxi. They were the more inclined to this course from the conviction that Biloxi had not kept faith with them as it had formally promised to do.

After the declaration of quarantine, Dr. Harry, President Harrison County Board of Health, and Dr. Champlin, of Bay St. Louis, went to Biloxi, and after investigating the cases, pronounced them yellow fever, and it was so reported officially to Boards throughout the South by the Mississippi State Board. How the physicians of Biloxi

stand on the matter is not very clear, except, that Dr. Aldrich, who has had no experience with yellow fever, says that he has looked upon his cases, some thirty in number, and has treated them just as he formerly did malarial fever in Iowa, and he has not lost a case.

When quarantine was first established, Dr. Holt offered to send the Board of Experts over, but no notice was taken of this generous offer until the disease was officially pronounced yellow fever, then the Biloxi authorities asked for them. Dr. Holt's reply was, that since the duty of the experts was simply to decide upon suspicious cases about which there were doubts, he could see no good reason for sending them over to see a disease which had been plainly diagnosticated.

So the matter stands, and so Dr. Holt says it shall stand until "the ice is two inches thick."

Be the "Biloxi Fever" what it may, it is sufficiently mild to cause some to doubt its character, and for the sake of scientific accuracy, wish that the Board had seen fit to send some competent person or persons to study the nature of the disease, and to determine, if possible, its origin. The JOURNAL was desirous of sending a competent observer to Biloxi, to prepare a map of the place, locate the cases, describe them, and gather any and all information, which would be useful in an intelligent history of the fever. Such a report as we thus hoped to obtain would be of service to medicine, both now and hereafter. We were unable to carry out our plan for the reason that the President of the Board did not feel in a position to grant permission to our representative to return to this city when his investigations were at an end.

ABSTRACTS, EXTRACTS AND ANNOTATIONS,
MEDICINE.

TRANSMISSION OF YELLOW FEVER BY THE CULEX
MOSQUITO.

Dr. Chas. Finlay, of Havana, publishes in the *American Journal of Medical Sciences* some experiments on the pro-

pagation of yellow fever by the Mosquito. He selected the day mosquito, the culex mosquito, apparently the same little grey pest that is so familiar to the inhabitants of this city. This species was chosen, because after it had digested blood previously drawn—a process requiring from two to five days—it would bite again: whereas, the night mosquito or culex cubensis, though it could be kept alive for as many as forty days on sugar, would not draw blood again, at least while in captivity. The female, in a fecundated state was always used, for the male never stings, and the female herself, though she may attempt it, never succeeds in drawing blood until she has paired with, and been fecundated by the male. Before fecundation her proboscis seems too soft to penetrate the skin. A few days after biting she begins to lay her eggs in a viscid material either upon the surface of water or near its edge. One specimen in captivity from January 13th to February 13th, at which latter date she died from cold, having been carried from Havana to New York, laid about two hundred eggs. No water was furnished her until the 18th, five days after capture, when she immediately began laying.

The doctor had been “able to prove that the sting often retains spores of microscopical fungi,” and he “once found upon the side of the sting a finely developed bunch of spores like those observed in yellow fever blood cultures by Dr. Sternberg, and classified as ‘*Penocillium*,’ whence it is to be inferred that it may likewise retain upon its outer surface, or inside of its sheath, such minute disease-germs as are generally believed to occasion most of the zymotic diseases.” With this idea in view his plan was this: A mosquito was captured while in the act of stinging by inverting an empty phial or test tube over it, the mouth of the vessel being then stopped with cotton wool. After a few hours, the mosquito was taken to a yellow fever case and allowed to completely gorge itself. After two to five days, that is, after it had digested its previous supply of blood, for it will not sting before that, it is allowed to sting an individual liable to yellow fever. The proper time to apply the insect to yellow fever cases is from the third to the sixth day, so his experiments have shown.

With all possible precautions, such as obtaining persons willing to submit to these inoculations, and seeing that these subjects had not been previously exposed, or exposed after inoculation, his results were as follows: In all, twenty-four persons were inoculated. Of this number,

one that had been inoculated in November, 1883, died in June, 1884, of a malignant form of yellow fever. Of the remaining twenty-three, two either left the country or were otherwise lost sight of the first summer after inoculation. "Six of these inoculations were followed, within the ordinary limits of yellow fever inoculation (two to twenty-two days), by an attack of fever, the exact counterpart of mild attacks of yellow fever, of which I have kept careful notes, and which were proved by subsequent observation to have conferred immunity. Eleven inoculations, though not followed by any morbid manifestations within the limits of incubation or, at most (in three cases) by a trifling ephemeral fever, appear to have likewise conferred immunity, in so far that the persons have resided in the city of Havana, and in constant exposure to the infection, during periods of one or two summers without experiencing any attack of the disease. Finally, in four instances, not followed by any immediate morbid manifestations, at the end of several months, a mild attack of yellow fever (without albuminuria) was observed."

The doctor concludes from his observations that, though yellow fever may be propagated by its own efforts, it may be inoculated, and that the mosquito plays a great part in spreading an epidemic. This opinion is further upheld, he states, by the fact that "this disease appears incapable of propagation wherever tropical mosquitoes do not or are not likely to exist, ceasing to be epidemic at the same limits of temperature and altitude which are incompatible with the functional activity of these insects; while, on the other hand, it spreads readily wherever they abound."

[A somewhat more extended article on the same subject by the same author was translated from the *Annals of the Royal Academy of Sciences of Havana*, and published in this JOURNAL, in February, 1882, pp. 601 to 616. At that time his experiments included only five cases. Certainly a great deal of plausibility attaches to his conclusions, especially when it is acknowledged that insects are frequently the means of transmission of inoculable affections. No doubt exists in the minds of the cattle men of Texas and the West, that the common horse-fly conveys *charbon* from one animal to another, as well indeed as from an animal to man.—EDS.]

BRIGHT'S DISEASE WITHOUT ALBUMINURIA.

At a meeting of the *Société des Hôpitaux*, M. Dieulafoy made certain remarks tending to show that Bright's disease can exist for a long time, give rise to various complications and even death, without being accompanied by albuminuria. He saw death occur in this manner in a woman, who was under observation for six weeks. She had uncontrollable vomiting, following epileptiform convulsions, and no albumen in the urine; this caused Dieulafoy to suspect ulcer of the stomach. At the autopsy the kidneys presented all the signs of a mixed nephritis. There was no lesion of the stomach.

Another woman in his service, admitted for violent attacks of dyspnœa, from which she had suffered for several years, had besides the sensation of "dead finger" (upon the pathognomic value of which M. Dieulafoy insists) a galloping sound (*bruit de galop*), œdema of the ankles, but no albuminuria. The urine, greatly diminished in amount, became more abundant under a milk diet, her symptoms improving at the same time. The diagnosis in her case was uræmic dyspnœa, in spite of the absence of albuminuria, and this patient having suddenly succumbed to a rapid pulmonary congestion, the lesions of interstitial nephritis were found at the autopsy. In a third case there was Brightic mania. The patient, under observation for nearly two months, did not have albuminuria, although at the autopsy the kidneys were found diseased. Finally, in a fourth case, a woman subject to habitual dyspnœa, and presenting the phenomenon of "sleeping fingers" (*doigts morts*), galloping noise (*bruit de galop*), rumbling in the ears, etc., succumbed, at the end of seven months, to uræmic convulsions, accompanied with anasarca, but there was no albuminuria.

On the other hand, we sometimes see persons whose urine contains a notable quantity of albumen lasting for some years, without presenting the symptoms of Bright's disease. There is thus no strict correlation between albuminuria and Bright's disease. We must therefore cast about for some other signs which will enable us to recognize the renal lesion. These signs are chiefly the troubles of urinary excretion, and above all *pollakiuria*, or necessity of frequent micturition during the night, cephalalgia, oppression, ocular disturbances, auditory troubles (deafness, rumbling), the sensation of sleeping finger (*doigt mort*), itchings, etc. Besides, the secretion of urine being a pro-

cess of depuration, we may conceive that if the kidneys work badly, the urine which it excretes, not containing all the ordinary products of elimination, will be less poisonous than normal urine. Now, this normal intoxication is known and it is easy to experiment on animals. While, for example, in the normal state, 15 to 20 grammes of urine suffice to kill a rabbit, 250 to 300 grammes of Brightic urine are required to do the same work. It is precisely this last circumstance which is found in Bright's disease, and which, in certain exceptional cases, can, even in the absence of albuminuria, establish the diagnosis of nephritis. M. Dieulafoy adds that in the four cases of which he spoke, the different varieties of albumen were very carefully sought for, even those which are not revealed by the ordinary tests.—*Journal de Médecine et Chirurgie Pratiques.*

OBSTETRICS, GYNÆCOLOGY, ETC.

A REMEDY FOR ENDOCERVICITIS.

Dr. J. C. Kirk, in a communication to the *Practitioner* states that there is one condition of the cervix uteri which resists all ordinary methods of treatment. I refer to that obstinate form of endocervicitis in which a discharge quite similar to the white of an egg is poured out in great quantities. In all forms of cervical catarrh this secretion is produced more or less, but in the forms I refer to the glands are remarkably active, and produce immense quantities of this discharged. As said before, the ordinary forms of astringent and caustic applications will not cure this condition. I have found but one remedy that will cure these cases, namely, an aqueous solution of chromic acid (3i to aqua 3i). Four or five applications of this remedy, at intervals of a week, usually suffice.—*Archives of Gynecology.*

OXALIC ACID AS AN EMMENAGOGUE.

M. V. Poulet reports a number of cases in which oxalic acid has been used for amenorrhœa from various causes. He regards its effects as marvelous, including an ameliora-

tion of the pain in cases of dysmenorrhœa. He gives it according to the following formula :

Oxalic Acid. 2 parts.

Warm Water. 200 parts.

Syr. Bitter Orange Peel. 60 parts.

A teaspoonful is to be taken every hour.—*Archives of Gynæcology.*

WHEN NOT TO GIVE CHLOROFORM IN PARTURITION.

1. Never give it to a woman who has a tendency to flood during every confinement, or to those who have great relaxation of fibre, or weak, anæmic women in their eighth or tenth confinement, except for necessity.

2. Do not give it where labor is complicated with severe vomiting, or with acute heart or lung troubles, unless there be an imperative demand for it.

3. It should not be given to complete anæsthesia except for operations, convulsions or spasms of the cervix, and then one person should devote his entire attention to it.

4. The inhalation should be stopped directly the pulse becomes weak or the respiration irregular.

5. Do not give it if there be grounds to fear a fatty or enfeebled cardiac wall.

In all cases where it has been given, there should be extra care to prevent post-partum hemorrhage.—*Dr. Savill, England, Archives of Gynæcology.*

OPHTHALMOLOGY.

SUBCUTANEOUS ENUCLEATION OF DERMOID CYSTS.

Dermoid cysts are not uncommon in the neighbourhood of the outer end of the eyebrow. The accepted method of dealing with such tumours has been by incision and enucleation, but as these cysts lie beneath the skin, connective tissue and muscles of the brow, the incision must be free and deep and is attended by certain serious drawbacks. In the first place, the wound cannot in the majority of cases be closed and healed by primary union, for the pus burrows and undermines the neighbouring integuments. Secondly healing is nearly always tedious and the resulting scar is unsightly. Thirdly, there are reasons for believing that

open wounds of this region and the scars resulting therefrom can bring about impairment or even loss of vision of the corresponding eye or of both eyes.

In the *Recueil d'Ophtalmologie* for August, Dr. E. Roland brings forward a new method of dealing with these tumours, which he calls *subcutaneous enucleation*. A coarse, long silver wire seton is passed through the tumour, and drawn backwards and forwards with some degree of violence several times a day. After a time the skin over the tumour shows the usual signs of inflammation. When this has lasted a few days a small hook may be introduced through one of the seton holes and the sac, loosened by the inflammation from the surrounding tissues, caught and drawn out entire. The method was discovered accidentally. A large seton was passed through a simple cyst of the neck about the size of a large orange. Symptoms of inflammation having set in and become more and more severe during the course of two weeks or so, the seton hole was enlarged with a lancet. There was a gush of pus, followed by the protrusion of a whitish body, which, being drawn out, proved to be the sac of this large tumour. Dr. Roland at once operated upon two cases of dermoid cyst of the eyebrow after the same manner and with complete success, at the end of about thirty-five days. Two minute scars were the only traces of the operation.

This curious and novel operation seems to promise great advantages in all cases of cystic tumours situated in parts of the body where for any reason it is undesirable to leave a large scar.

ENUCLEATION FOR MALIGNANT DISEASE FOLLOWED BY ABSCESS OF THE BRAIN.

About the middle of May, a boy three and a half years old was brought to Dr. W. D. Bidwell, of Leavenworth, Kansas, for an examination of the right eye. A year or so ago there was a sharp pang of pain in this eye, and since that time central fixation has been lost. Dr. B. advised removal of the eye (no reasons stated); this was declined, but the eye was enucleated on June 29th, in St. Joseph. On July 4th, the case came again under Dr. B's care. On July 11th, delirium set in and lasted until the death of the patient from œdema of the lungs, on August 6th. Some five days before death there were several convulsions. Autopsy: The stump was healthy looking and

well healed. Firm adhesions between the superior part of the occipital bone and the dura mater. Whole brain slightly enlarged. Anterior lobe dark coloured and completely broken down. Scattered through the pia mater of both hemispheres, but especially in that of the right, were some twenty or thirty tumours, firm and of the colour of normal brain tissue. These under the microscope were found to be composed of a gelatinous stroma and small round cells. "The diagnosis was sarcoma of the eye with secondary nodules in the meninges, but death resulted from abscess due to an extension of the inflammation from the socket of the eye."—*Kansas City Medical Index*—September.

The case illustrates the importance of early examination and diagnosis of ocular affections in children and of prompt enucleation in all cases of intraocular tumour.

We are by no means certain that this was not a case of glioma.

From experiments recently made upon the eyes of rabbits, Wurdinger concludes that under the influence of cocaine, the cornea receives a diminished lymph supply to the epithelium and parenchyma. Weak solutions of corrosive sublimate, borax, boracic acid are apt in eyes treated energetically with cocaine to cause more or less intense opacity of the cornea. Perhaps some of the bad results of cataract extraction in cocainized eyes, recently published, are due to the effects of the antiseptic solutions employed during the operation upon the cocainized cornea.

The writer, who does not employ antiseptic methods in operating upon the eye, has used cocaine ever since its discovery in all operations (except enucleation) upon this organ with no bad consequences which could be attributed to the drug.

BOOK-NOTICES.

Analysis of the Urine, with Special Reference to the Diseases of the Genito-Urinary Organs. By K. B. Hoffman, Professor in the University of Gratz, and R. Ultzmann, Docent in the University of Vienna. Translated by T. Barton Brune, A. M., M. D., and H. Hol-

brook Curtis, Ph. B., M. D. Second edition, revised and enlarged. [New York, D. Appleton & Co. 1, 3, and 5 Bond Street, 1886. New Orleans, Armand Hawkins. Price \$2.00.]

Too many good books on this subject cannot be published, as the practitioner of medicine is generally too easily satisfied with the rough analysis usually made. This work has attained a well earned popularity in Germany and Austria, is concise, very thorough and practical. The translators have made some very important additions to the text, among the most important Dr. Oliver's test for bile, which appeared in the *Lancet*, March 7th, 1885. We hope this may help to familiarize the medical fraternity with this simple test and thus determine its clinical value.

G. B. L.

Bright's Disease and Allied Affections of the Kidney. By Charles W. Purdy, M. D., Queen's University, Professor of Genito-Urinary and Renal Diseases in the Chicago Polyclinic, etc. 8vo., 288 pages, with 18 illustrations. Cloth. \$2 00. Philadelphia: Lea Bros. & Co., 1886. [New Orleans: Armand Hawkins.]

Dr. Purdy has certainly succeeded in giving us an excellent practical book on diseases of the kidneys. He discusses the relative value of the test for albumen in a masterly and concise manner. In speaking of the causes of albuminuria, Senator's monograph deservedly receives a more prominent place than has been allotted to it in other works of the kind. In fact many will thus be able to have the gist of Senator's conclusions that might never have a chance to read the original.

Scarlatinal and puerperal nephritis are also treated of at length in a very thorough manner.

We recommend this book very highly to our readers.

G. B. L.

PERSONAL.

DR. HAL FOSTER has resigned his position as lecturer adjunct to the chair of Materia Medica and Therapeutics in the University Medical College of Kansas City.

DR WM. F. DREWRY, lately of Boykins, Va., has been elected Second Assistant Physician to the Central Lunatic Asylum, Petersburg, Va. The *Virginia Medical Monthly* says that the friends of the institution regard the selection as excellent.

ASSISTANT SURGEON PETERS, of the Marine Hospital Service left the city, October 12, for Evansville, Ind., where he is to take charge of the Hospital for a month.

DR. M. H. JORDAN, of Birmingham, has been elected Professor of Materia Medica and Therapeutics in the Alabama Medical College.

MARRIAGES.

DR. J. W. ALLEN, of Shreveport, La., to Miss Mary Buckner, daughter of the late R. T. Buckner, of New Orleans, and niece of Mrs. W. B. Hamilton, of Shreveport, September 28th, 1886.

Deaths.

DR. IRWIN KELLEY, the son of Dr. J. M. Kelley, died at Hot Springs, Ark., Sept. 29th, 1886.

Mrs. FRANCES T. OATIS, wife of Dr. C. E. Oatis, Sr., of Hazlehurst, Miss., died in that town, Sept. 29th, 1886.

DR. J. A. LARCADE, died in Opelousas, Oct. 12th, 1886.

Dr. Larcade was a graduate of the Medical Department of the University of La. He first practised in New Orleans and afterwards in St. Gabriel, Iberville Pa. He was a resident student for two years in the Charity Hospital

Mrs. JAMES J. LEMON, the wife of Dr. J. J. Lemon, died at Biloxi, Miss., of the fever now prevailing there, Oct. 16, 1886, after an illness of eight days.

DR. GEO. S. GRAVES died at his home in Nashville, Tenn., September 21st, 1886, aged 24 years.

MEDICAL NEWS AND MISCELLANY.

THE DOCTOR AND HIS CASE.

"Will you walk into my office," said the Doctor to his case,
"'Tis the prettiest little office that ever you did face;
The way into my office is up a winding stair,
And I have many a pretty thing to show you when you're there."
"Oh! no, no no," the patient said, "to ask me is in vain,
For who goes up your winding stair comes not down whole again."

"I'm sure you must be weary friend with suffering so long,
Will you rest upon my table? I'm sure I can't be wrong;
There are lovely instruments around, the pad is fine and thin,
And if you'd like to rest awhile, I'll snugly tuck you in."
"Oh! no, no, no," the patient cried, "for I've often heard it said,
They never, never rise again who rest upon your bed."

Said the cunning Doctor to the case, "dear friend what shall I do
To prove the kindly interest that I've always felt for you?
I only tell you truly before it is too late,
I earnestly advise you to let me operate."
"Oh! no, no, no," the patient said, "kind sir, that cannot be,
I've heard about your cases and you cannot cut up me."

"Poor creature," said the Doctor, "you're witty and you're wise,
How handsome your complexion, how brilliant are your eyes;
It hurts me much to see you lose, as you will surely do,
All this, when in a moment, friend, I'd make you over new."
"I thank you, wisdom's self," she said, "for what you're
pleased to say,
And bidding you 'good morning,' will call another day."

The Doctor turned him round about, and went into his den,
For well he knew the silly case would soon be back again;
So his instruments he polished with a smile upon his face,
And set his table ready to operate the case.
Then, going to his door again, sang merrily this song,
"Come hither, hither, patient, for I'm sure I can't be wrong."

"The instruments are ready, you've an int'resting disease,
And we'll have the whole thing over before you've time to sneeze"
Alas! Alas! how very soon, the patient who was nigh,
Hearing his wily, coaxing words, came slowly flitting by;
With faltering step she hung away, but nearer, nearer drew,
Thinking only of the Doctor's words, "He'd make her over
new."

Thinking only of the future bright, poor foolish thing!—at last Up jumped the cunning Doctor, and firmly held her fast; He dragged her up his winding stair into his dismal den, Within his charming office, but she ne'er came down again.

And now ye suffering mortals, who may this story read,
To coaxing, wheedling, hopeful words, I pray you ne'er give heed;
And from a slashing doctor, O! turn away your face,
And take a lesson from this tale of "The Doctor and his Case."

THE July number, 1886, of the *Annales D'Hygiene Publique et de Médecine Légale* contains an interesting article on "L'Hygiène dans L'Isthme de Panama," read before the Paris Academy of Medicine, by Dr. Ad. Nicolas. Among other matters of interest, Dr. Nicolas said:

"The inoculation of yellow fever was much in favor when I arrived at the Isthmus, but it was abandoned during my stay there, in consequence of some failures which disconcerted the physicians who patronized this method. This method was that of Dr. Carmona of Mexico, who inoculates the residue of the urine without any attenuation or culture. I did not believe that I ought to encourage this practice.

DR. JAMES G. WAKLEY, Editor of the *London Lancet*, died on the 30th of August, from an epitheliomatous ulcer, which commenced in the tongue. He had for the last twenty-five years the editorial control and management of that Journal, to which he devoted himself exclusively, never having engaged in medical practice. At about thirty years of age he began his journalistic career, under the guidance of his father. It was not, however, until the latter's death in 1862, that he assumed the title of editor, becoming at the same time half proprietor of the Journal with his eldest brother, Mr. Thomas H. Wakley, F. R. C. S., who still survives him.

DEATH IN A DENTIST'S CHAIR FROM ETHER.—We learn from the daily press that an unknown woman entered the office of Dr. C. H. Mosely, a dentist of Brooklyn, suffering from toothache. Ether was given and the tooth extracted. The patient recovered consciousness for a moment, then sank back unconscious and died.—*Medical Record*.

In reveiwing the last volume of the transactions of the Louisiana State Medical Association, the *American Lancet* for October, says: It is a pity that so much good material should be buried up in such transactions. A better way should be adopted for the publication of such work. The plan adopted by Georgia, California and by the American Medical Association is far better. These bodies publish their work in medical journals. Thus they get a wider circulation among more active men.

We appreciate the compliment but our usually wide awake contemporary does not seem to be aware that most of the important papers in this volume of transactions *were* published in the pages of *this Journal*.

THE CHARLESTON MEDICAL RELIEF FUND.

CHARLESTON, S C., October 1st, 1886.

To the Editor of the Medical Record:

SIR: At a meeting of the medical profession of the city of Charleston, held September 30th, 1886, the following preamble and resolutions were adopted:

“*Whereas*, a letter to the editor of *The Medical Record*, (September 25th) has caused surprise and mortification to the medical profession in Charleston, inasmuch as the statement is made that the profession *en masse* are anxious for immediate pecuniary aid; and

“*Whereas*, the profession have suffered from the recent earthquake in no greater degree than their fellow-citizens, and are unwilling to be placed in a false position: be it therefore

“*Resolved*, that in making our acknowledgments to our professional brethren for their sympathy, we desire to inform them, that we are not applicants for their bounty, and deeply regret that a call should have been made on them. That the profession *en masse* are not anxious for immediate pecuniary aid, nor would they consent to receive it, except in possibly a very few individual cases of necessity, when no shame could attach to the full knowledge of the facts as they are.

“*Resolved*, that they unmistakably and clearly state, that the medical profession refuse to assume the singular position of special distress, in any sense requiring other assistance than the kindly charity of the generous, which is being outpoured for the needy of the city of Charleston.

“*Resolved*, that a certified copy of the above resolutions be sent to the *Medical Record* with a request for publication.”

The following resolution was unanimously adopted :

“*Resolved*, that we commend to the large-hearted liberality of our professional brethren elsewhere the condition of our medical college, with the assurance that their generous aid to rebuild its ruined walls will be worthily bestowed and fully appreciated.”

H. W. DE SAMPSON, M. D.

Chairman of Meeting of the Medical Profession in the City of Charleston.

MAZYCK P. RAVENELL, M. D.

(*From the Medical Record.*)

Secretary.

IN New York a clairvoyant doctor was arrested for illegal practice of medicine. On the trial he declared that he was endowed with clairvoyant faculty “by the grace of God.” The Court of Special Sessions ruled that, although this might be so, it was insufficient to justify him unless it was supplemented “by a license or diploma from some chartered school, State board of medical examiners or medical society,” and upon his conviction sentenced him to the heaviest penalty warranted by the penal code for a first offence.

A DECISION FAVORABLE TO MRS PAVY.—All the friends of the late Dr Pavy, and he had many in this part of the country, will be glad to hear that the Secretary of the Interior has reversed the decision of Commissioner Black on the claim of Lela Pavy, widow of Dr. Octave Pavy, late acting Assistant Surgeon, U. S. A., under contract with the Greely expedition, who died of starvation at Cape Sabine about June 6, 1884. She is granted \$17 per month. The Secretary holds that though Dr. Pavy's contract had expired he was still in the service.

The decision of Commissioner Black, had it been allowed to stand, would have created a mean and unworthy precedent.

THE Medical department Tulane University opened its preliminary course Monday, October 18th, with a very encouraging attendance.

THE Archives of Ophthalmology still continues to bear Dr. B. A. Pope's name as its collaborator in New Orleans, although Dr. Pope moved many months ago to Galveston, Texas.

MORTUARY REPORT OF NEW ORLEANS

FOR SEPTEMBER, 1886.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial.....	14	8	13	9	14	8	22
“ Congestive.....	9	8	9	8	10	7	17
“ Continued.....							
“ Intermittent.....							
“ Remittent.....	8	3	5	6	6	5	11
“ Catarrhal.....							
“ Typhoid.....	3			3	1	2	3
“ Puerperal.....							
Scarlatina.....							
Small-pox.....							
Measles.....							
Diphtheria.....	4		2	2		4	4
Whooping Cough.....							
Meningitis.....	9	1	6	4	2	8	10
Pneumonia.....	11	2	7	6	4	9	13
Bronchitis.....	3		2	1		3	3
Consumption.....	33	23	31	25	53	3	56
Congestion of Brain.....	8	2	7	3	1	9	10
Diarrhœa.....	11	3	7	7	12	2	14
Cholera Infantum.....	9	2	5	6		11	11
Dysentery.....	4	2	2	4	6		6
Debility, General.....	4	1	3	2	4	1	5
“ Senile.....	17	13	11	19	30		30
“ Infantile.....	5	3	3	5		8	8
All other Causes.....	140	81	139	82	126	95	221
TOTAL,	292	152	252	192	269	175	444

Still Born Children—White, 30; Colored 17; Total 47.
 Population of City.—White, 173,500
 “ “ Colored, 64,500

Total, 238,000

Death rate per 1000 per annum for month.—White, 20.19.
 “ “ “ “ “ Colored, 28.27.

“ “ “ “ Total, 22.38.

W. H. WATKINS, M. D.,

Sanitary Inspector

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—SEPTEMBER.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in in. & Hund.	GENERAL ITEMS
		Mean	Max.	Min.		
1	30.069	76.6	85.8	69.7	....	Mean Barometer, 30.007.
2	30.090	79.5	89.9	72.3	....	Highest Barometer, 30.079. 2nd.
3	30.088	79.5	85.3	75.4	....	Lowest Barometer, 29.880. 9th.
4	30.047	77.6	86.0	72.2	....	Monthly Range of Barometer, .199.
5	30.040	78.9	85.5	71.8	....	Mean Temperatnre, 77.9.
6	30.046	79.3	86.8	73.5	....	Highest Temperature, 92.0, 12th.
7	30.027	79.7	85.7	74.3	....	Lowest Temperature, 61.8, 30th.
8	29.981	78.0	83.4	70.6	.37	Monthly Range of Temperature, 30.2.
9	29.914	77.4	82.3	73.0	....	Greatest daily range of Temp. 18.16th.
10	29.995	80.3	89.6	73.8	....	Least daily range of Temp're, 5.2.25th.
11	30.048	79.2	88.6	76.3	.06	Mean daily range of Temperature, 12.6.
12	29.991	82.0	92.0	74.4	.04	Mean Daily Dew-point, 70.8.
13	29.966	79.1	87.0	74.8	.01	Mean Daily Relative Humidity, 81.0.
14	29.910	76.7	82.0	73.6	.05	Prevailing Direction of Wind, N. E.
15	29.961	79.4	89.5	74.3	....	Highest Velocity of wind and direction,
16	30.015	79.7	90.0	72.0	....	27. N. E.—18th.
17	30.038	81.3	88.6	75.5	....	Total Movement of Wind, 5524 miles.
18	29.988	79.8	86.0	75.7	....	No. of clear days, 9.
19	30.001	75.6	86.0	72.0	.54	No. of fair days, 16.
20	29.994	76.2	81.2	72.3	.16	No. of cloudy days, 5.
21	29.954	78.1	84.0	71.6	.09	MEAN TEMPERATURE FOR THIS MONTH IN
22	29.973	78.8	87.2	74.6	.02	1873.....84.2 1880.....81.3
23	29.982	78.6	85.7	77.8	.02	1874.....83.9 1881.....82.8
24	29.981	75.8	81.7	72.8	.81	1875.....79.3 1882.....80.0
25	30.027	74.2	78.0	72.8	1.39	1876.....82.2 1883.....83.3
26	30.042	78.2	84.5	74.3	.53	1877.....83.1 1884.....82.3
27	30.001	77.7	86.6	72.2	....	1878.....83.5 1885.....80.4
28	30.015	77.9	86.9	71.9	....	1879.....81.0 1886.....77.9
29	30.027	72.0	77.6	67.0	....	TOTAL PRECIPITATION (IN INCHES AND
30	29.994	68.7	75.8	61.8	....	HUNDRETHS) FOR THIS MONTH IN
.....	.....	.....	.....	.....	.....	1873..... 8.34 1880..... 4.60
.....	.....	.....	.....	.....	.....	1874..... 4.82 1881..... 4.21
Sums	4.09	1875..... 8.61 1882..... 9.47
Means	30.007	77.9	1876..... 4.44 1883..... 4.12
						1877..... 2.54 1884..... 0.87
						1878..... 3.31 1885..... 4.25
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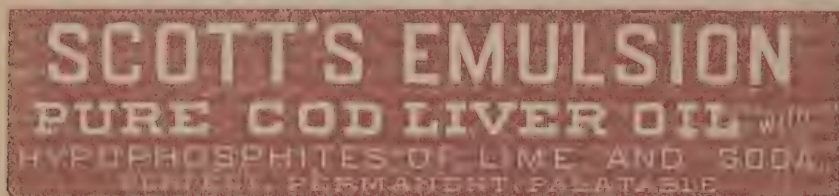
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DECEMBER, 1886.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a written order for the same accompanies the paper.

Further Notes on the Artificial Drum-Membrane for the Ear.—A Case of Exceeding Interest, with Remarks. ✓

By WILLIAM C. AYRES, C. E., M. E., M. D., New Orleans.

Formerly Lecturer on Histology and Pathology of the Eye and Ear, New York Ophthalmic and Aural Institute; Curator to Laboratory and Official Pathologist to same; Resident Surgeon to same; Assistant to Chair of Ophthalmology in the Medical Department, University of City of New York; Ophthalmic and Aural Surgeon to German Polyclinic, City of New York, etc., etc.

Some time ago I had occasion to publish an article on the artificial drum-membrane for the ear, NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, May, 1885, in which several remarks may be found concerning the present case; but since they will not perhaps be of any special interest in connection with the particular points to which attention will be drawn in this paper, I have thought it just as well to omit them here, and refer the reader to my first article.

One point which makes our present case of more than ordinary interest, and importance, is that the patient is a remarkably fine performer (professional) on the violin and also a man thoroughly versed in the *science of music*. He has been educated in the leading conservatories of music

in the world, played important parts in our finest orchestras, and is considered a *virtuoso* of rare attainments.

Therefore, when he speaks about the *quality* of tones and the like, we can have perfect confidence that he understands what he is speaking about, especially since one of the most interesting points in his case, will be seen to be the effect which his condition has on his appreciation of the *quality* of *musical tones*.

The history of his case is as follows: He came to me about six months ago with a large perforation (about 5 mms.) in each of his drum-membranes in their inferior and posterior quadrants. There was a profuse suppuration from both of his ears at the time, and the man was really in a deplorable condition, since his hearing was reduced to appreciation of only the loudest voice close to the ear. I cleansed his ears thoroughly and tried the artificial drum-membrane in the shape of Yearsley's cotton pellets, but was very much disappointed to find that they did not seem to be of any special advantage to him.

However, I concluded to stop the suppuration and try him again with the cotton pellets since I had but little hope of causing the defects in his drum-membranes to close by new formed tissue. They were too large, and the ears had been suppurating too long. At the second trial with the artificial drum-membranes, I was not more successful than at the first, but after working at his ears for some time, I got them in a condition where there was no suppuration, but the drum cavity was moist and its tissue pliable. I adjusted the drum-heads again, and he heard the conversational voice at six feet. In about three months he could hear the same at fifteen feet and has remained in this condition, his hearing varying from ten to twenty feet, depending upon the nicety with which the artificial drum-membranes are adjusted. But this we can always rely on; that when care is used we obtain $H=20$ ft. There are several peculiarities of his ears which I had to learn by experience; for instance, he always hears better when the cotton drum-membrane is pushed into the open-

ing in his natural drum-head, but at the same time is well applied over the handle of the malleus. These, however, are idiosyncracies which I believe it necessary to learn in each and every case; certainly no rule can be established for all, where the cases vary so much as I have had *them do in my practice*.*

The name of our patient is Theodore Curant. He has pulmonary tuberculosis on both sides for which he has made a long visit to the City of Mexico. His lung trouble has in all probability caused the suppuration of his ears. He also complains of toothache whenever I use astringent medication to his ears, all of which will be explained under the head of the connection of ear diseases with pulmonary tuberculosis, page 414.

In order to portray his present condition better to the reader, I wrote him out some questions, which he took home with him and brought me answers to, the following morning. I will take the privilege of inserting them here—first a question and then its answer:

1. QUESTION. How do you hear the voice without the artificial drum-membranes in your ears?

ANSWER. Not at all unless spoken very loud and close to my ear.

2. Q. How do you hear the voice with the artificial drum-membranes in your ears?

A. When a person speaks distinctly, at about eighteen feet.

3. Q. How do you hear musical tones without the artificial drum-membranes?

A. Very badly, and when at a little distance not at all.

4. Q. How do you hear musical tones with the drum-membranes?

A. Very distinctly; but when I play myself I hear them better than when any one else plays.

* For instance I had a lady under my charge some little while ago, who heard the conventional voice for testing hearing (which should be heard at 60 feet) at over twenty feet. She had no ossicles in the ear, and her artificial drum-membrane was not in contact with the remains of the stapes in the oval (fenestra ovalis) of the labyrinth. (See under physiology of the artificial drum-membrane).

5. Q. How do you hear noises like passing of carriages and cars in the street with the artificial drum-membranes?

A. I hear the cars at about one block, but the ringing of the small car bell at about two blocks.

6. Q. How do you hear noises like the above without the drum-membranes?

A. Only when they are very close to me.

7. Q. State what effect the drum-membranes have when they are first put in?

A. As soon as the artificial drum-membrane covers my natural one I hear better immediately.

8. Q. How long after they are in before you commence to hear badly?

A. Sometimes from two to three weeks.

9. Q. How do your ears feel when the drum-membranes become dry?

A. I do not experience any unpleasant sensation, only I have a longing to have them renewed.

10. Q. How do your ears feel when the drum-membranes are wet?

A. I hear much better, and the ears feel cool and refreshing.

11. Q. Do you hear all musical notes without the drum-membranes?

A. No. On the violin all the flageolet notes above high "E" are lost to me. On the piano I only hear up to high "C" when very close to the instrument. For the bass notes my hearing only reaches to "G."

12. Q. Do you hear all the musical notes with the drum-membranes?

A. Yes, but I hear the middle octaves better than the higher or the the lower ones.

13. Q. Does your hearing ever get suddenly worse with the drum-membranes in?

A. No. When I blow my nose very hard, I sometimes feel as if the drum-membranes were pushed away, but they generally fall back in place of themselves.

14 Q. How do you hear high notes, like the singing of a canary bird?

A. Without the drum-membranes I do not hear even the loudest notes of a canary. With the drum-membranes in, I hear them very clearly.

15 Q. Have the drum-membranes any effect on your playing the violin?

A. With the drum-membranes I can hear all notes, and they make the "*intonation*" much easier for me. Without the drums I hear the notes very thin, as if through a telephone.

16 State what your general opinion of the artificial drum-membrane is. Also anything peculiar about your hearing with them.

A. When I am accompanied by the piano I hear the accompaniment very plainly with the drum-membranes. Without them I hardly hear it at all; with the drum-membranes, I hear music in general, very well, but only in "*quantity*." The *quality* of a musical tone I can also easily recognize as far as distinguishing from what instrument it comes. But I am not able to judge the quality of a tone so as to tell whether a voice is a fine one, or an instrument a valuable one, *even with the drum-membranes in my ears*.

I do not hear thunder at all, unless it is very loud and sharp, but the rippling of water I hear very distinctly.

As to my general opinion of the artificial drum-membranes, I hope some day to be able to dispense with them, but should this not be the case, I am convinced that they have done me, and will still do me great service, and I can most heartily recommend them to any one afflicted in the same way as myself. Especially for me, as a musician, they are of inestimable value, and I am overwhelmed with admiration for their inventor, and with gratitude to their employer, etc., [and here follows an effusion which I have thought proper to omit for various reasons.—AYRES].

THEODORE CURANT, Violinist.

New Orleans, October 19th, 1886.

CONNECTION OF EAR DISEASE WITH PULMONARY
TUBERCULOSIS.

It is an interesting observation that Curant had confirmed tuberculosis in his right lung and was sent to Mexico for it some two years ago. He contracted a purulent otitis with extensive destruction of the drum-membrane of his right ear shortly after. The pulmonary disease demonstrated itself in his left lung somewhat later, and was also followed by a suppurative otitis in his left ear which destroyed the inferior-posterior quadrant of his membrana tympani.

He informed me, of his own accord, that the ear trouble came on by a peculiar feeling of fullness in his ears, and ran its entire course in a subdued manner *never causing him any pain*. In all of those cases of ear disease caused by reflex irritation from the pulmonary tissue this is a very marked and astonishing symptom. The patients never have the severe pain which usually accompanies acute purulent conditions of middle ear disease from other causes. However, we nearly always notice in the reflex ear troubles, either from the lung or from the teeth, the congestion and inflammation of the ear commences in the "attic" of the tympanic cavity, and that part of the membrana tympani known as Shrapnell's membrane. This may have been the case with Curant, but the perforation in both of his drum-membranes is downward and backward.

If we seek to trace the connection between the ear and the pulmonary tissue, or a path by which a reflex irritation can be transmitted from one to the other, we find it in the intimate association of the nerve filaments of the pneumogastric nerve with the ganglia of the sympathetic system. We must also bear in mind that all aural lesions of a reflex nature usually begin in the upper part of the tympanic cavity and the superior segments of the drum-membrane, as we have just noticed. The reason for this will be found in the fact that these areas of the drum cavity derive their immediate blood supply from the tympanic

branches of the carotid artery (usually two or three in number), which pass through small openings in the bony wall of the carotid canal, the latter forming a part of the anterior-inferior wall of the tympanic cavity. These tympanic branches are short and large when compared with the arteries from other sources, and pass directly to the tissue which they are to supply without the usual capillary termination (Moos, Kölliker), and if we bear in mind the force which would naturally be found in them by their intimate connection with the carotid artery, such a short distance from them, we can easily understand that they are peculiarly liable to sudden and extreme dilatation on the suspension of vaso-motor inhibition. Remembering also that the nervi-vasorum which constitute the carotid plexus at this part of its course, come largely from the otic ganglion (Woakes, Blake, Rotch, etc.), and are therefore placed in intimate communication with distal parts, we are easily enabled to understand why it is that sudden and astonishing complications of the middle ear are liable to take place in diseases of other organs which apparently have but little in common with the auditory apparatus.

The sympathetic nerves of the lining membrane of the tympanic cavity are derived from the sympathetic plexus which accompanies the carotid artery in its canal; and in the same way as we have seen for the tympanic branches of the carotid, they enter this cavity as *nervi carotico-tympanales* and form the *plexus tympanicus* when united with the ramifications of Jacobson's nerve, and the smaller superficial petrosal nerve. This tympanic plexus supplies fine nerve filaments to the whole lining membrane of the middle ear. If we also remember that all sensori-motor nerves include nerve fibres which belong to the sympathetic system, we are ready to trace the path taken by the irritation of pulmonary tuberculosis when by reflex action it causes pathological processes in the middle ear. The inflammation of the membranes lining the pulmonary tissue and the larynx would cause dilatation of the vessels in these parts, and induce vaso-dilator impressions which

are conveyed to the external carotid artery through the nervi molles and first cervical ganglion, through a sympathetic fasciculus to the second ganglion of the vagus, and to the vaso-motor fibres of the auricular nerve, and therefore to the mucous membrane of the tympanic cavity and the membrana tympani.

This explanation may seem somewhat far fetched, but it will not appear so much so on mature consideration. Nor is it new. Tröltsch and others report a large number of cases in which long-standing laryngeal disease was followed by deafness. Also Gerhardt the case of a severe pain in the ear, apparently depending on ulcerative destruction of the epiglottis; while there are a multitude of cases on record in which pulmonary tuberculosis has caused otitis media purulenta.

When I use astringent medications to Curant's ear, he says it gives him the "tooth-ache" on the same side. This is to be explained in the same way, except that the inferior dental nerve which supplies the teeth and gums is the communicating line from the otic ganglion to these organs.

REMARKS.

Before proceeding to the analysis of Curant's case, I can not help but draw attention to the fact that at first the artificial drum-membrane did not seem to do his hearing any good whatever. But by treating the ear, so as to reduce the swelling of the parts of the tympanic cavity they became of more and more advantage, until his hearing arrived at its present state of excellence.

This very fact may throw some light on the cause of the great diversity of opinion among aurists as to their comparative usefulness. Some say that they are of no use to the afflicted, while others insist that their benefit can be established but rarely, etc. I myself, am of opinion that their effect and usefulness is by no means properly appreciated and am inclined to believe that either they

are not used as they should be, if at all, or that those who have used them and say that they have not received decided advantage from them, *in the majority of cases*, have simply found their patients in the condition in which I found Curant when he first came to me. It has been my experience, that in nearly all of those patients who have defective drum-membranes, these little contrivances can be made to be of the greatest advantage, I can also add from experience, that I do not believe that we can form any opinion of what their effect will be from inspection of the ear. And it therefore becomes our duty to apply them in each and every case which comes under our observation. I am made confident of this from the fact that I have several times been disappointed in the beginning of treatment, just in those cases where the cotton pellet turned out to be of the greatest advantage after the other parts of the tympanic cavity were made to assume a condition in which they could appreciate the working of the artificial drum-membranes, by appropriate treatment.

It will not be urged by any one that the artificial drum-membrane, can ever rival the natural one, even under the most favorable conditions for the former, but I am perfectly well satisfied that we have only to become acquainted with a few cases in which the artificials are appropriate, to become enthusiastic in their praise. Imagine a man in Curant's condition; one who is entirely dependant upon the well-working of his auditory apparatus for the necessities of life for himself and his family. Without them he is perfectly helpless; with them he is not only useful but ornamental to society. Can he ever pay in money or gratitude the debt he owes to these little things? certainly not! And like most things which are truly useful they are exceedingly simple, cheap and easy of management. Not so, however, is it as easy to understand their method of working. And, therefore, before we go into that part of the subject we must be thoroughly conversant with the physiology of the drum-membrane of the ear in its natural state.

Since I find that there is a very wide-spread idea, even among physicians, that the drum-membrane of the ear is absolutely necessary for the perception of sound, (and many other erroneous impressions) I will take the liberty of inserting here a few facts about the *membrana tympani*; and especially those which will allow us later to institute a comparison between the working of the natural and the artificial drum-membranes.

A FEW POINTS ABOUT THE MEMBRANA TYMPANI, AND WHERE IT DIFFERS FROM THE ARTIFICIAL DRUM-MEMBRANE.

The external drum-membrane of the ear, is a membrane inserted into the cartilagenous ring of the *annulum tympanicum osseum*, and as the nature of its function demands for its working to the true advantage, it must be kept constantly stretched. There are various contrivances within the tympanic cavity to regulate its degree of tension. First of all, in the tissue of the membrane itself we find elastic-fibres running from the circumference to the centre, *radially*. These give the membrane a certain degree of tension. Then the membrane is so attached to the osseous ring already referred to, and to the handle of the malleus, that it does not form a plane membrane, but is slightly bent so as to be convex outward, almost in the shape of a cone with its apex inward. Then again, there are *circular* elastic fibres in its tissue which by their inherent elasticity constantly tend to make the drum-membrane more tense, and to increase the curvature of its tissue so as to make it more cone-like. Lastly, the action of the *tensor tympani* muscle, whose tendon is attached to the upper part of the handle of the *malleus*, is directly instrumental in maintaining the requisite degree of tension in the *membrana tympani*.

Here we see, that there exists a condition of things which we can never reproduce in the artificial drum-membrane.

There is another great peculiarity of the *membrana tympani* which is not generally appreciated. It is almost circular,

being about 9-10 mm. (0.35-0.39 inches) in diameter. When it vibrates, its vibrations are transmitted through the *malleus*, *incus* and *stapes* to the membrane in the oval window (fenestra ovalis) which is only 1.5 to 3 mm. (0.06 to 0.12 inches) in diameter. The surface of the drum-membrane is therefore 15 to 20 times greater than that of the oval window. Therefore, when the vibrations of the air in the external meatus of the ear impinge on the drum-membrane, they are transferred to the ossicles of the ear and are further conveyed to the membrane of the oval window through its solid long chain of ossicles. It will be observed, however, that although the particles of air in vibration have a comparatively large *amplitude*, yet their density is so small that they have but little *moment of inertia*, and consequently when their motion is impeded by the drum-membrane of the ear, they are not capable of presenting much resistance to such an impediment, or of exerting any sensible pressure against it. The fluid in the labyrinth on the other hand, is much heavier and denser than the air in the auditory passage, and for moving it backward and forward, as in resonant oscillations, a far greater exertion of pressure is required than was necessary for the air in the auditory passage. On the other hand, the amplitude of the vibrations performed by the fluid in the labyrinth are relatively very small, and extremely minute vibrations will, in this case, suffice to give excitory motion to the terminations and appendages of the nerves in the labyrinth.

Therefore, the mechanical problem which the apparatus within the drum cavity of the ear has to solve, is to transform a motion of great amplitude and little force, such as impinges on the drum-membrane, into a motion of small amplitude and great force, such as has to be communicated to the fluid in the labyrinth of the ear. This problem may be solved by a variety of mechanisms, but the means employed by the ear are very unusual and peculiar. The chief means of reinforcement to the oval window is due to the form of the drum-membrane as we have described it. It has already been mentioned that its middle

or navel is drawn inward by the handle of the malleus, so as to present a funnel shape. But the meridian lines of this funnel, drawn from the navel to the circumference, are not straight lines, but are slightly convex on the outer side. A diminution of the pressure in the auditory canal increases this convexity, and an augmentation diminishes it.

The tension caused in an inextensible thread having the form of a flat arch, by a force acting perpendicular to its convexity, is very considerable. It is well known that a sensible force must be exerted to stretch a long, thin string into even a tolerably straight horizontal line. The force is indeed very much greater than the weight of the string which pulls the string from its horizontal position. In the case of the drum-membrane it is not gravity which prevents its radial fibres from straightening themselves, but partly the pressure of the air, and partly the elastic pull of the circular fibres of the drum-membrane. The latter tend to contract toward the axis of the funnel-shaped membrane, and hence produce the inflection of the radial fibres toward the axis. By means of the variable pressure of air during the resonant vibrations of the atmosphere, this pull exerted by the circular fibres is alternately *strengthened* and *weakened*, and produces an effect on the point where the radial fibres are attached to the tip of the handle of the malleus, similar to that which would happen if we would alternately increase and diminish the weight of the string stretched horizontally, for this would produce a proportionate increase and decrease in the pull exerted by the hand which stretched it.

In a horizontally stretched string such as been just described, it should be further remarked that an extremely small relaxation of the hand is followed by a considerable fall in the middle of the string. The relaxation of the hand takes place in the direction of the chord of the arc, and easy geometrical considerations show that chords of arcs of the same length, and different, but always very small curvatures, differ very slightly indeed from each

other and from the length of the arc itself. This is also the case in the drum-membrane. The consequence is that, in resonant vibrations, the parts of the drum-membrane, which lie between the inner attachment of this membrane to the hammer, and its own attachment to the osseous ring of the drum-membrane, are able to follow the oscillations of the air to a considerable extent, while the motion of the air is transmitted to the handle of the malleus with much diminished amplitude, but much increased force. After this, as the motion passes from the handle of the hammer to the stirrup, the leverage which the hammer has over the stirrup, ($1\frac{1}{2}$) causes a second and more moderate reduction of the amplitude of vibration with corresponding increase in force.*

Here again we see a wise provision of nature in having the drum-membrane so large, and it connected with the oval window of the labyrinth by a chain of solid matter (ossicles). If this chain be gone from the ear, we cannot replace it and the artificial drum-membrane is therefore less perfect. If the bones of this chain are still intact we may utilize them, but it is easy to see that we can never make the artificial drum-membrane rival the natural in use. The superiority of the natural over the artificial may be represented by the ratio 60 to 20, since the natural hears the voice at sixty feet and the artificial at twenty.

We cannot give to the artificial membrane those peculiar elastic fibres which we have just seen to exist in the membrana tympani, and which are so essential to it, in transforming vibrations of large amplitudes and small moment of inertia into vibrations of small amplitude and greater force. Therefore, in this very first difference we have the natural, superior to the artificial in the ratio 3 to 1, and it follows that the volume of the tone will apparently be one-third in the artificial of what it is in the natural.

A complete continuity of the tissue of the membrana tympani is by no means necessary for the perception either

* Helmholtz, *Sensations of Tones*, page 200, et seq.

of sounds or noises, as we may consider the different radial segments or lines of this membrane as vibrating to a certain extent independently of each other.* Thus we see how it is that when we cut the membrane so as to empty the tympanic cavity of fluids, etc., the capacity of hearing is not materially reduced. Also in those cases where there are large concretions of lime, etc., in the tissue of the membrane as a result of previous inflammation, the hearing is not much reduced. But we would naturally suppose that the more intact area we have the better the ear would hear, and this is found to be the case in practice. However, when the defect in a natural drum-membrane is large enough to destroy the resonant effect of the tympanic cavity, the hearing is very materially affected. This seems to be one of the chief defects which are remedied by those forms of artificial drum-membranes which are only intended to close these small openings in the membrana tympani, like Blake's paper drum.†

It is very peculiar, that we are never able to increase the hearing of our patients above 20-60, however nicely we adjust the artificial drum, and this naturally leads us to the discussion of their action in trying to explain this fact.

The artificial drum-membrane vibrates, as we have seen, but there are various restrictions on its vibration. They only improve the hearing to such an extent as to bring it to about one-third of what it is in the normal ear. But we may possibly find an explanation of this in the fact that the natural membrane is not only attached to the handle of the malleus, but also to the tympanic ring, and can therefore reinforce the resonant effect of the tympanic cavity by causing a more or less violent agitation of the bony walls which form this cavity. This can only be the case to a very limited extent with the artificial membrane, as is easily

*I have at present under my observation a case in which there is a perforation in the drumhead of one ear, caused by scarlet fever. The hearing in this ear is so acute that I can detect no defect in it, with any means of determining the amount of hearing I have in my armamentarium. However, I have none of Konig's rods at my command.

†See first article on Artificial Drum-membranes, *New Orleans Med. and Surg. Journal*, Vol. xii, May 1895.

to be seen. Also the air in the tympanic cavity of a natural ear is much more closely confined, and is therefore more elastic than it is in one which is only loosely closed by the cotton pellet or Toynbee's apparatus.

There are of course various other anatomical peculiarities which the membrana tympani has, but they naturally suggest themselves to the reader, so we will pass on to the subject of what we might call the physiology of the artificial drum-membrane, and will only refer to the points in which it differs from the natural, incidentally.

PHYSIOLOGY OF THE ARTIFICIAL DRUM-MEMBRANE.

If we place any one of the forms of artificial drum-membranes in a glass tube like the external auditory meatus, and cause waves of vibration to impinge upon it, it is very easy to determine the fact that it vibrates, and indeed, to a very great nicety. Also, if we have a cavity at the end of the tube, or a bulb blown in it, to represent the tympanic cavity, its vibrations are transmitted to a second membrane of much smaller dimensions to represent the fenestra ovalis, with much augmented force, even when nothing but air intervenes between the membranes. In this simple form of physical experiment we have an exact analogue to the structure of the middle ear without its ossicles, and it at once explains what we may be perhaps pardoned for calling the physiology of the artificial drum-membrane.

I have heard all sorts of fanciful explanations made of how this membrane operates in the ear, and that from men of the highest standing in the profession; but all these explanations have made the impression on me, that the explainer was treading on ground that he was not certain of; was vague and not explicit. The great majority of them smuggle in the idea, that the artificial drum-membrane causes the improvement in hearing "by pressing on the stapes;" but they do not explain what they mean by this expression. To me they have always conveyed the idea that they thought, that in order for any improvement in hearing to take place, there must be some sort of me-

chanical contact of the cotton-pellet with the stapes. For the want of better reasons, we might possibly accept this as an explanation in those cases in which the membrana tympani and ossicles were wanting, and the artificial drum-membrane was placed in contact with the remains of the stapes. Also where there are considerable segments of the membrana tympani, and the whole chain of ossicles left in the ear, the explanation might still hold good to a certain extent. But when we come to those cases in which there are no ossicles, and only a very small portion of the periphery of the membrana tympani, and the artificial drum-membrane is not in contact with the foot of the stapes, the explanation won't do. The lady to whom I have already referred was one of these, and she was one in whom I have had the very best result. In her case it would also be interesting to remark that as soon as the cotton-pellet was pushed into her tympanic cavity she did not hear well at all.—Saying she felt as if her ear was stopped up.

It was so easy to push the cotton-pellet too far, that she preferred using Toynbee's artificial drum-membranes, because she could adjust them so much more easily herself. She wears them to-day with a continuous good result.

Before summing up what seems to be the correct explanation of the working of all artificial membranæ tympani (since they must all work in the same way), I would like to record a few remarks recently made by Sir William B. Dalby, F. R. C. S., Aural Surgeon to St. George's Hospital, London.*

1. Structural changes in the tympanic membrane of a very extensive nature may exist, without impairing hearing. One-half or more of its area may have phosphate of lime deposited in it and still the hearing remain normal, etc., etc.

2. Loss of continuity of the tympanic membrane does not necessarily interfere with its function, provided that

*Functions of the Membrana Tympani illustrated by disease. American Journal of Medical Science, July 1886, page 121.

the ligamentous support which it affords to the chain of ossicles is not impaired.

Relates a case of an explosion near the ear which ruptured the membrane in two places, in which the hearing remained perfect. The utmost diversity of hearing may exist with perforated membrane. The larger perforations generally afford better hearing than the smaller. (!) Relates four cases of total destruction of membrane. In the first $H = O$. In the second $H = \text{normal}$. In the third a small disc of moist cotton-wool adjusted with a probe by the patient (*by effecting pressure on the stapes*) gives hearing that for ordinary purposes of life is good. In the fourth this did no good.

I can fully substantiate most of Sir William's statements and record them for reference further on. Now as to the probable way in which the artificial drum-membrane is of service in causing an increase of hearing, we must remember our experiment of recording the vibrations of the cotton-pellet, or of Toynbee's drum-head in the glass tube. They certainly vibrate to a nicety, and in vibrating set the ossicles in vibration; these transfer the waves to the fenestra ovalis direct. In case there are no ossicles the waves of sound are transferred to the *resonance cavity* of the tympanum, where they are very much augmented, and agitate both the round and oval window by impinging directly on their membranes. Under this simple manner of viewing their action we are able to understand more readily the difference of the appreciation of *noises*, and that of *musical tones* of an ear which has lost part or all of its drum-membrane. Under any other hypothesis this difference would be very difficult to explain.

We will now return to Curant's case and try to determine why it is that he does not appreciate the *quality of musical tones*, and in order that our remarks may convey a more plastic idea to those of us who have not directed their attention to the physical characteristics of the vibrations of sound, it will perhaps be well for us to trace some of their **most important peculiarities.**

THE PHYSICAL PROPERTIES OF SOUND.

We will first recall to mind that sound is produced and transmitted by a vibratory motion of the particles or molecules of the medium through which it is propagated. The *loudness* of the sound depends upon the *amplitude* of these vibrations, and the *pitch* upon the *rapidity* of their oscillations. There is, however, one other property of sound which both of these do not influence, known as the *quality* of sound, and this is dependent upon what is known as the *form* of the sound vibration. We must also distinguish two kinds of *quality* of sound, such for instance as that *quality* which enables us to say, when we hear a musical note, whether it comes from the human voice, a pianoforte, a violin, a flute or other source; and second, that *quality* of sound which causes us to say whether the note is harsh, or shrill, or rich, in other words, what Helmholtz so graphically calls the *tone color* of a sound vibration.

Many differences of quality depend upon the way in which a musical tone begins and ends, and the musical quality of the same note sounded on the various musical instruments depending on the beginning and on the ending of these notes is highly characteristic. Even when the note of an instrument is prolonged, that is, we do not hear the beginning or end of it, there are many peculiarities of the tone, depending upon certain irregularities in the exciting cause, as in the irregularities in the hairs of a violin bow, or the noise of the rushing of the air of a wind instrument around the edges of its mouth piece. The irregularities of the motion of the arm, and the variation of pressure make the tone of a bad instrument, or the production of a bad performer, rough, uneven and variable.

In the human voice these consist of the vibrations of the larynx, epiglottis, uvula, soft palate, tongue, cheeks, etc., and the force with which the air is pressed past, and through them. The *noises* accompanying these lend a peculiarity to the tone of the note of the voice. The same may be said for the structure, relative length, density, etc., of a musical

instrument. The smallest irregularities in the motion of the air caused by these furnish much that is peculiar to the tone of the musical instrument or the vocal tones of speech. We will therefore see that small variations in the *noises* which accompany a tone, aid us very materially in determining the first kind of its quality, that is, that kind of *quality* which lets us know from what source the tone is coming (as the voice, piano forte, etc.). Here we have an explanation of why it is, that at very great distances we are sometimes unable to tell the exact source of a sound, and sometimes mistake the prolonged note of the human voice for that of a French horn. We are too far away to appreciate the peculiar concomitant noises of these instruments and therefore do not recognize the *quality* of their tone,.

The composition of prolonged musical tones as produced by different instruments is also influenced by what is termed the different modes of combining its harmonics, or its upper partial tones*.

(We will notice later that *Curant* does not hear these upper partial tones, or harmonics of any tone, and is therefore unable to appreciate that species of musical *quality* which depends upon them. We will also try to determine the reason why he does not hear them.)

According to physical investigations, certain general rules will result for the arrangement of the upper partial tones which answer to such species of musical *quality*, called soft, piercing, braying, hollow, poor, full or rich, and so on. We may also remark that the tone of a good instrument is called rich, because it possesses a large number of these upper partial tones; the same for the human voice, and all of these tones are called *compound* musical tones. Simple musical tones are those which are not de-

*A harmonic or upper partial tone of a musical note is a tone whose vibrational number is equal to the vibrational number of the note multiplied by the numerals 2, 3, 4, 5, 6, 7, 8, 9, 10, etc. For example, if a note was caused by the particles of a substance vibrating 100 times a second, the upper partial tones of this note would be those which vibrated 200 times, 300 times, 400 times, 500 times, 600 times, etc. And they would be called successively its first, second, third etc., upper partial tone or harmonic, the first or original note being called the *prime* or *principal* tone.

composable or those which do not have any or at least very few upper partial tones.*

On comparing the musical quality of a simple tone with that of a compound tone in which the first harmonic upper partial tones are developed, the latter will be found to be more tuneful and rich, as for example, a fine singing voice, when heard besides a simple tone produces the very agreeable effect of a *consonant chord*.

Since the form of simple waves of known periodic time is completely given when their amplitude is given, simple tones of the same *pitch*, can only differ in *loudness* and not in musical *quality*; and therefore they will produce the same effect on the ear, whatever be the medium by which they are conducted to the external air in the ear, provided we have no concomitant noises produced by accidental vibrations, peculiar to the inducing apparatus.

But before we can determine the function of the ear in apprehending *qualities* of tone, we must have it determined whether a determinate relative strength of the upper partial tones suffice to give us the impression of a determinate musical quality, or whether there are not also other perceptible differences in quality of tones which are independent of such a relation. Helmholtz has determined these points for us very accurately, and says:† “the quality of the musical portion of a compound tone depends solely on the number and relative strength of its partial simple tones, and in no respect on their difference of phase, etc.”‡

As regards the functions of the ear it has been shown that it is capable of distinguishing both the vibrational number of a musical tone (which determines its pitch) and also the *form* of the vibration (on which differences of quality depend). By experiment we know that sound waves of very different forms may have the same quality of tone, and in every case, except for simple tones, there

*I make these observations because they will be referred to later on.

†Sensations of Tone, p. 174, Helmholtz.

‡This does not agree with König's experiments.

is an infinite number of forms of wave of this kind, because any alteration of the difference of *phase* alters the forms of a wave without changing the quality of its tone. The only decisive character of a quality of tone is that the motion of the air which strikes the ear when resolved into a sum of simple pendular vibrations, gives the same degree of strength of the same simple vibration.

The analysis of compound into simple pendular vibrations is an astonishing property of the ear, but the reader must bear in mind that when we apply the term *compound* to the vibrations produced by a single musical instrument the composition has no existence except for our auditory perceptions, or for mathematical theory. In reality, the motion of the particles of the air is not at all compound; it is quite simple, flowing from a single source. When we turn to external nature for an analogue of such an analysis of periodical motions into simple motions, we find none but in the phenomena of sympathetic vibrations. In reality, if we suppose the dampers of a pianoforte to be raised, and allow any musical tone to impinge on the sounding board, we bring a set of strings into sympathetic vibration, namely, *all* those strings, and *only* those, which correspond with simple tones contained in the given musical tone. Here, then, we have a perfect and purely mechanical repetition of the resolution of the air waves in the ear. The air wave, quite simple in itself, brings a certain number of the strings into sympathetic vibration, and the sympathetic vibration of these strings depends upon the same law as the sensations of harmonic upper partial tones in the ear. (Helmholtz.)

So much of the physical peculiarities of sound will suffice for our purpose. We will now try to explain why Curant does not appreciate pure musical *quality*.

Let us take, for instance, the fundamental musical note, C. The richness of this note, as far as the ear is concerned, will depend upon how many upper partial tones or harmonics accompany it, independent of the concomitant noises of the instrument which sounds it.

Let us say that the vibrational number of this note (C) is 512; that is, the particles of the medium transmitting it are vibrating 512 times a second. Its first harmonic will have double this many vibrations, or 1024 vibrations a second; its second, three times as many, or 1536 per second; its third upper partial four times as many, or 2048. Its eighth will have 4608 vibrations per second, which is about the limit of the musical scale.

Therefore, as far as the vibrational numbers of these harmonics are concerned, he should hear them, provided they were sounding with volume enough, because he hears prime notes when sounded on the violin, which vibrate with an equal rapidity. (See his answer to my question about musical tones.)

If we take the C of any other octave (as C''') we will soon have the vibrations of its upper partial tones running up to and above the vibration number of the upper notes of the musical scale, and since the human ear does not appreciate sounds as musical which are produced by vibrations much above the limit (4000 vibrations), the upper partials or harmonics of the higher octaves would not sound for him and, therefore he would not be able to determine the fine musical quality of these notes.

It is also a fact that the degree of *quality* of a tone, as of richness, depends upon the number and peculiar method of construction of its harmonics, up to its eleventh and twelfth upper partial, and since Curant can not hear musical notes that are very high, he can not appreciate any of the harmonics of low notes, which approach 4000 vibrations per second. Therefore, he can not appreciate the quality of any musical tone whose fundamental note has such a high original vibrational number that its double or treble, etc., up to its fifth upper partial sound, give a vibrational number approaching 4000 vibrations per second,

The same for the lower notes, or the lower partials or harmonics. We notice in his answers that he says he does not hear notes in the bass below G. Therefore, anything vibrating with a lower vibrational number than this

does not give him a musical tone impression, the same law holding good for the lower partial tones as for the upper partial tones.

We must also remember, that the partials of a tone, are not sounded with anything like the *volume* of sound, that the prime tone is. And Curant, even with his artificial drum-membranes, has only one-third of the volume of any sound conveyed to his cochlea. Therefore, these upper partials, as they constantly diminish in volume as we go up their scale will soon have a volume which will not be appreciated by him at all.

He says he hears the middle octaves much better than either the higher or lower, and therefore, his acuteness of perception of tone is diminishing both ways. Consequently, it will happen that in nearly all notes, he will be able to appreciate but a very limited number of either the upper harmonics, if the note be high, or the lower harmonics, if the note be low; and since the *quality* of the note depends on these, he will not be able to properly distinguish the musical quality of any of the notes, or at least of only a very few near the middle of the scale of musical tones.

To recapitulate as briefly as possible, we will state that Curant's ear trouble, originated from his pulmonary tuberculosis as a reflex ear disease. It was transmitted from the pulmonary tissue and the larynx to the ear by means of the sympathetic system, and this via the superior laryngeal nerve and laryngeal artery; the *nervi molles* (vasomotor) connected with the external carotid artery; sympathetic fasciculus connecting the second ganglion of the pneumogastric nerve and the first cervical ganglion of the sympathetic; the carotid plexus, and the plexus tympanicus, etc.

2. Without the artificial drum-membranes he hears the voice only when loud and close to the ear. With them, at twenty feet. The artificial drum-membranes vibrate; they close the tympanic cavity and increase its resonance: when there are no ossicles in the ear, the vibrations are strengthened and made to impinge directly on the oval and round windows of the labyrinth.

3. Without the artificial drum-membranes, he does not hear the highest or lowest musical notes. With them, he hears all these notes, but those of the middle octaves much better than those of the high or low. He hears only musical quantity—not quality—because his ears are not in the condition to hear the harmonics of a musical tone, on account of their vibrational number, and also on account of their volume being diminished as they pass away from their prime or inducing tone.*

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HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

GUNSHOT WOUND OF THE FACE.

Reported By R. H. DAY, M. D., Baton Rouge, La.

The following case of gunshot wound of the face, from its severe character and happy termination, I think will be a valuable contribution to the art and science of surgery, as showing the wonderful reparative forces of nature, and will not be devoid of interest to the reading and thoughtful portion of the medical profession.

On Friday, the 14th day of March, 1884, I was summoned to visit the colored boy, John Ranny, aged about 17 years, who in the early part of the preceding night, March 13th, received a fearful gunshot wound of the face.

The following history was elicited: Peter Starring, (white), a boy of about 16 years of age, and the colored boy, John Ranny, were in a room by themselves. They worked in the field together, and were friendly and play-

*The author does not claim any originality in the purely physical part of this paper. He sees moreover, that in writing it out from his notes the wording used is almost identical with that of Helmholtz, and should therefore be in semi-quotations.

ful with each other. On the night of the shooting they were joking and teasing each other. Peter Starring picked up a double-barrel shotgun and pointing it towards Ranny, remarked, "I am going to shoot you." John Ranny, not more than six feet distant, attempted to tell him not to shoot, that the gun was loaded, but before he could finish the sentence the gun was discharged, the entire load crashing through his face, and he fell to the floor deluged in his blood. He was thought to be mortally wounded, and under that impression I was not sent for till the following morning. I reached the place about 11 o'clock A. M., and found the boy lying on a cot, extremely feeble from loss of blood, and almost insensible from exhaustion; and presenting, certainly, the most ghastly wound I ever beheld.

The gun, I learned from Mr. Joe Starring, Peter Starring's brother, was heavily charged with No. 4 shot, and the whole load entering upon the left side of the face had passed almost in a straight line through, tearing away the entire face, embracing the zygomatic process, nearly the entire superior maxillary, the palate bones and all of the alveolar, except the extreme posterior portion, leaving the last two molars on each side partly denuded, taking off the entire nose and nasal bones up to, and exposing the cribriform plate of the ethmoid, shattering the infra-orbital plates, destroying both eyes, the tongue shot through in several places, taking off the uvula and posterior nares, making a large lacerated open wound, that exposed the whole pharyngeal space, the glottis and the opening into the œsophagus.

The boy was breathing slowly, was very feeble, stupid, and seemed to be almost insensible to pain. The case was so appalling, and to all appearances so hopeless, that I at first thought I would make no attempt to dress his wound. However, upon canvassing my duty as a surgeon in the interest of humanity and to my patient, I determined to do the best I could to make his condition as comfortable as possible, and to give the physio-

dynamic forces the most favorable conditions to repair the terrible destruction of tissues and the preservation of his life. With these purposes in view, I drew his head to the edge of the cot, inclining the wound downward, so as to facilitate the discharge of the oozing blood and serum, and to lessen the risks of strangulation. I then syringed the depths of the wound with a bountiful supply of warm water as hot as it could be borne, cleansing every portion of the wound, and removed numerous spiculæ of bone, shattered teeth, the remains of the right zygoma, with fragments of the nasal bones and infra-orbital plates that were driven into the tissues and in places partially attached.

This cleansing and preparatory process was done with great care and patience, and necessarily occupied some time; when finished, with the scissors, I cut away all shreds and jagged tissues that were so much injured as to make it certain that they could not be saved, and the sloughing of which would evidently add to the dangers of the case. After this trimming process was completed, I first brought together the divided upper labium, securing it by several sutures, and then one point after the other in the remnants of each cheek were approximated and sutured, till the gaping aperture was reduced to its least possible dimensions.

The sutures were silk, saturated with an 8 per cent. carbolyzed oil, and passed completely through the several tissues, so as to approximate in their entire depth the surfaces sought to be brought in apposition.

Pledgets of absorbent cotton, wet with a weak solution of carbolyzed oil in warm water, and pressed, were applied to the sides and vault of the excavation, and the exterior covered with dry absorbent cotton, retained by a well adjusted compress and roller, so applied as not to embarrass respiration, while still holding the tissues immobile. The fracture of the lower jaw at the symphysis, was attempted to be held together by silver wire passed around the incisores, but was found to be useless, and at my next visit, the third

day, was removed, and a compress and roller substituted. The wound at this visit was cleansed, syringed with carbolized oil and warm water, and redressed as at first. His wound was subsequently cleansed and redressed every day after the eighth day, by an instructed nurse, and I continued to visit at intervals during a space of three or four weeks, removing at each visit spiculæ of retained and exfoliating bone; and it was interesting and instructive to observe the wonderful reparative processes of the *vis medicatrix naturæ*, throwing out granulations, filling up cavities, reforming lost tissues and uniting separated surfaces. The upper lip united by first intention, as did most of the cheek surfaces which had been brought into apposition. After the ligatures had been removed, the parts still not united were well drawn together and held so by compresses and the *uniting* bandage, till the union of the opposed surfaces was complete, and the raw outer surfaces covered by new skin and the interior with epithelium and mucous membrane.

At first, water was given him by the spoonful as needed to allay his thirst, and milk in like manner for nourishment, which was poured through the facial aperture down into the œsophagus as in a funnel. As he improved his appetite became ravenous, and with his hands he would push down to his throat quantities of mush, which he managed in some way to swallow, and seemingly, with much gusto; and his gastric and assimilative powers proved equal to the emergency, in digesting and assimilating whatever food he could get to crowd down.

He made a good recovery, minus the loss of his face and eyes. Is now well and moves about over the plantation without apparent hesitation, doing some farm work, and eats and drinks indiscriminately, either through his contracted mouth or the aperture in his face. And strange to say, although he has no superior maxillary bone, except in the extreme rear portion, and only two upper molars on each side, he can masticate meats and solid food without apparent difficulty, and I am informed can even crack pecans, notwithstanding his peculiar mutilation.

There is but one similar case, so far as I know, in the annals of surgery. The history of this is to be found in the *Quarterly Compendium of Medical Sciences* for July, 1884, under the caption, "*L'Homme à la Tête de Cire*," and reads as follows: "The Paris correspondent of the *Lancet* says, that General Ambert has published in the *Souvenirs Militaires* an article under the above heading, a short account of which I send you in the hope that it will be found interesting. There is to be seen at Landrecies, in the department of the North, an invalid artillery soldier, who was wounded in the late Franco-German war, where he was horribly mutilated by the bursting of a Prussian shell. The man's face was literally blown off, including both eyes, there being left behind some scanty remnants of the osseous and muscular systems. The skull, which is well covered with hair, was left intact, so that the man had a most hideous and ghastly appearance. This disfigurement has been completely concealed by a mask, which was made for him under the direction of the principal medical officer of *Val de Grâce*, in Paris, whither he had been transferred from the field ambulance. The mask was constructed by a Surgeon-Dentist named Delalain. It includes a false palate and a complete set of false teeth, and it is so perfect that the functions of respiration and mastication, which were necessarily imperfectly performed, are almost completely restored to their normal condition; and the voice, which was rather husky, has resumed its natural tone. The man speaks distinctly; the sense of smell, which had entirely disappeared, has returned, and he can even play the flute. He wears two false eyes, simply to fill up the cavities of the orbits, for the parts representing the eye-lids in the mask are closed. In fact, the mask is so well adapted to what remains of the real face as be considered one of the finest specimens of the prosthetic art that could be desired. The man himself, whose name is Moreau, and who is in perfect health, is looked upon as a living curiosity, and travelers go a good deal out of their way to see him. His face, or rather his mask, is

of course, without expression, but his special senses, particularly that of touch, are extremely developed, and he goes by the *soubriquet* of “*l'Homme à la Tête de Circ.*” He wears the military cross of honor, and delights to talk about what he went through during the war. To add to his meagre pension, he sells a small pamphlet containing a full description of his wounds, and of the apparatus that has been so skillfully devised as to render him at least presentable to his fellow creatures.”

I have ventured, at the risk of being a little tedious, to quote the above history in full, believing it would be of great interest to the profession. And I would add, could my poor mutilated patient receive the benefit of the same prosthetic skill as did the soldier, this parallelism of the cases would be very nearly complete.

ON “RELAPSES” FOLLOWING RECOVERIES FROM OVERDOSES OF INJECTIONS OF MORPHINE.

Reported by DR. EDMOND SOUCHON, Professor of Anatomy and Clinical Surgery, Tulane University of La.

The following two cases show how dangerous it is to leave too soon, patients who have been rescued from the ill-effects of injections of morphine.

I. The first case is that of an old gentleman who was suffering from an attack of cystitis and who had been taking for several days past an injection of one-fourth or one-third of sulphate of morphine every evening. One night, after he had taken his usual evening dose, he went to sleep, but towards midnight, as his breathing had ceased to be audible to his wife, she called him, but he did not answer; she tried to rouse him, but she failed and upon turning on the light saw him motionless, pale and not breathing at all. She became more alarmed than ever and calling up her son, she sent him after their family physician. As this physician lived some distance off, the young man, on passing my door rang the bell and asked me to hurry at once to his father's house, as he was dying from an overdose of morphine. I hurried there of course and found

the old gentleman lying flat on his back, with mouth wide open, features pinched, face covered with cold perspiration, with no pulse and drawing a short and ineffectual breath every twelve or fifteen seconds. I at once secured the tongue which had fallen backwards into the pharynx, and as I could get no assistance from any one, I held the tongue fast with one hand whilst with the other I practised artificial respiration as best I could; I let the head hang a little low. Soon however a priest, who had also been sent for, arrived, and he was kind enough to hold the tongue, while I with the two hands practised artificial respiration more fully and more satisfactorily. Upon the arrival of the family physician, he said he could not account for this, as he was sure he had not injected more than the usual dose; he slapped the face and chest of the patient with the end of a towel wet in ice water; we gave him coffee and injected whisky subcutaneously. It was only after a full half hour of these combined efforts, that he would draw a satisfactory breath every six or seven seconds in a continuous and regular manner. It was fully an hour before the respiration was fully re-established and he was conscious of what was going on around him. It was about half past one in the morning when I left him in charge of his family physician. At five o'clock I was called again by the son who told me that their doctor had left at half-past two, but that his father was again in a deep lethargy and to go there immediately, while he was also going for their regular attending physician. I found the patient in about the same condition as I had found him the first time, but he was not so far gone. The same means as above being employed he was fully revived in about twenty minutes time. I am satisfied though that he would have died then and there, if he had not been attended to properly and at the proper time. This time his physician remained with him for several hours, but there were no more relapses.

II. This second case is one of a young man about twenty-four, on whom I operated for a *colloid cancer of the zygomatic fossa*. The operation was a long, painful, and bloody one and most unsatisfactory, the growth returning very rapidly. With the faint hope of success and to keep up the poor boy's courage, I tried to destroy the returning tumor by injecting into it pure chloride of zinc. This seemed for a while at least, to keep the tumor in check, but one day after returning from a trip in the country, where he had remained longer than he should have done, I found that the tumor had gained so much ground, that I injected more zinc than I usually did. This developed a great deal of pain, proportionately more than ordinarily, and to sooth his suffering I injected subcutaneously one-half of a grain of sulphate of morphine. This dose I did not consider very large for him, as he had repeatedly had one-third of a grain injected into him, and as he was in the habit of taking syrup of morphine in large doses when under too great pain. This took place at about six o'clock at night. I returned to see him again at about half past seven, the same evening. Upon nearing the house, I saw a gathering of people at the door, and I knew that surely something very bad was going on inside. Upon reaching the bedside, the patient was in complete collapse, had a small and quick pulse, breathed but feebly at long intervals; the face was pale, the features pinched and the skin covered with a light perspiration. I immediately applied all the means described in the above case, but it took fully three hours before he would breathe often enough by himself and before he was and remained conscious of what was going on around him. He remained that way for many hours, talking and taking some fluid nourishment but towards two o'clock in the morning, he was overtaken again by an irresistible sleep which all the renewed efforts on our part were powerless to overcome. He gradually sank and died at half-past five o'clock that morning.

CASE OF HÆMO-PERICARDIUM--PARACENTESIS.—
RECOVERY.

Reported by H. M. DAVIS, M. D., Union Church, Miss.

On the 15th of July, last, I was called to see James McClure, æt 18 years, native of Mississippi.

About 12 M. he, during a horseback fight, received a knife wound in third left intercostal space, two inches from edge of sternum. I found him about 2 P. M., with pale face, pulse 100 and weak; pinched expression and vomiting continuously. As all external hemorrhage had ceased, directed him carried home, and under the influence of brandy and opium, and cold applications to chest he reacted nicely, so much so, that at 10 P. M. his pulse was 76, respirations and temperature normal; no pain except directly over the wound.

16th, 10 A. M.—Patient passed a good night; circulation 80; respiration and temperature normal; secretions good; appetite perfect.

17th—Temperature 103°; circulation 100; respirations 20; very restless. Ordered quinine sulph., gr. 20, in 3 portions, and morphia sulph. to produce sleep.

18th.—Patient much better; temperature, circulation and respiration normal, having passed a good night and eaten hearty breakfast.

From this time he steadily improved until he was able to ride out, and, to use his own expression, “felt as well as he ever did.”

You will notice that there had been scarcely any pain, and with the exception of the 3d day, circulation and temperature had been nearly or quite natural.

I saw no more of him until the 1st of August, when he came to me for “dropsy.” I found temperature normal, circulation 100 and irregular, respiration 22. Considerable bulging over præcordial region and dullness extending from 2 inches to right of sternum to left nipple, and as high as 2nd intercostal space; nor would the lines of dull-

ness change by changing his position. On posterior portion of chest, resonance normal; over præcordial region, respiratory murmur diminished; apex beat muffled and indistinct.

I diagnosed pericardial effusion, but could not determine its character.

Notwithstanding the administration of tonics, with a generous diet and the local application of sorbefacients he steadily grew worse, until on the 21st of August I decided that to save his life paracentesis became imperative.

At that time dyspnœa was so urgent he could not lie down. The dullness extended from nipple to nipple and as high as the first interspace. No respiratory murmur could be distinguished over præcordial region; over other portions of lung it was puerile. The liver was enormously displaced, extending two inches below the umbilicus. There was general anasarca of the lower extremities. Circulation 120; very weak and irregular. The heart seemed at times as if it would stop entirely. Temperature, morning, 100°; evening, 102°; respiration 24, and a deep, dry cough, with occasional bloody expectoration. Anorexia complete.

Requesting my friend Dr. J. W. Bennet, of Brookhaven, to assist me, we, on the 22d of August, introduced a small trocar in sixth intercostal space, on a line with left nipple, and drew off what at first seemed to be pure blood, but which, on standing a few minutes, deposited a deep red sediment, evidently broken down red blood cells, leaving a straw-colored menstruum. We obtained about three pints of the fluid and the liver immediately returned to its normal position, circulation became stronger and more regular, respiration easier. From this time patient rapidly improved, and on the 10th of September was discharged, cured.

After the operation he received no treatment except a generous diet and an occasional laxative.

A SIMPLE AND EFFICIENT METHOD OF TREATMENT
OF TÆNIA.

Reported by H. A. VEAZIE, M. D.

During the past year a little boy, aged three years, became the host of a large tænia, which was attributed to his having eaten raw beef, given to him during an attack of dysentery some few months before.

His symptoms included restlessness, wakefulness, capricious appetite, irregular fevers, urticaria, coated tongue denuded in spots, and a tendency to fall without any apparent cause. An examination of his stools revealed on one or two occasions several inches of the worm.

Several physicians were consulted and various remedies were tried, but without success. Among other things used were male fern, pumpkin seed and kamela, but their only effect was to bring away a few joints. One reason for the failure was the impossibility of getting the little fellow to fast. He would cry so hard and beg so piteously for food, that his mother could not starve him, as she was instructed to do.

Finally, after every other plan had been tried unsuccessfully, the following course was adopted: A large pumpkin was bought and made into pies. The seed were dried and hulled, and the pockets of the little fellow filled with them. Whenever he got hungry he was given a piece of pie, about all he ate in twenty-four hours. In addition, he was encouraged to eat the seed quite freely. For one day he tried seed and pie exclusively. At night he was given fifteen grains of kamela. The next morning, the first thing he said to his father was, "Papa, the worm is dead." At nine o'clock he passed the worm, head and all. Its total length was thirty feet, which, added to the pieces which had been passed before, and carefully measured, made altogether forty feet. The little fellow is now in excellent health.

I have since tried this plan in several cases with good results.

✓
Pumpkin
seed and
kamela.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF VIRGINIA.

SEVENTEENTH ANNUAL SESSION, HELD OCTOBER 26, 27
AND 28, 1886.

(Reported specially for the Journal.)

The Seventeenth Annual Session of the Medical Society convened at Fredericksburg, Va., at 8 o'clock P. M., October 26, 1886. About 125 members were present during the sessions, and 65 new members elected to fellowship.

Several distinguished visitors from other States were in attendance, viz: Drs. Theophilus Parvin and F. S. Forbes, of Philadelphia; P. J. Murphy, of Washington, D. C.; Frank Donaldson, Jr., of Baltimore; W. F. Cheatham, of North Carolina, and J. Taber Johnston, of Washington, D. C.

Drs. Parvin and Forbes were elected Honorary Fellows of the Society.

FIRST DAY—TUESDAY—EVENING SESSION.

The address of welcome on the part of the citizens was delivered by Jno. G. Mason, Esq., Commonwealth's Attorney of Fredericksburg.

Dr. H. M. D. Martin welcomed the Society on behalf of the local profession, Dr. Hugh T. Nelson, of Charlottesville, then delivered the

ANNUAL ORATION

to the public and profession.

A crowded house was in attendance, composed largely of the fair daughters of the old and historic town of Fredericksburg.

Dr. Nelson announced his subject to be

“THE FALLACIES OF MODERN MEDICINE.”

He made the general statement that whatever interested any profession must of necessity have the good of the public at large for its ultimate object. The leading fallacy noted was the American method of doctor-making, wherein, of the thousands annually graduated from the schools, a very large proportion are wholly deficient in mental culture. This mental culture, he maintained, is necessary for the successful practice of medicine; also, that this lack of culture is responsible for the disrepute into which the profession of medicine is falling. A deplorable fact, but nevertheless true, is that about one-half of the graduates of the various medical schools of the country cannot write a page without egregious errors, orthographic and syntactical. Reform is needed in the requirements for graduation by insisting on a better classical education of students.

The last fallacy mentioned by him, was that of woman taking upon herself the duties and responsibilities of the physician. He held that woman's place was in the home as wife and mother. Not that she was inferior in ability to prosecute medicine, but that this was out of her sphere. He was no woman's-rights man in the sense of making her a lawyer or a doctor.

The report of the Necrological Committee was then made, showing that seven members had died since adjournment last year.

SECOND DAY—WEDNESDAY—MORNING SESSION.

The Secretary presented a voluntary paper from Dr. Joseph Toner, of Washington, D. C. The subject being

A SKETCH OF THE LIFE OF DR. GUSTAVUS BROWN,

who was one of the consulting physicians during the last illness of General Washington.

PRESIDENT'S ADDRESS.

Dr. Rawley W. Martin then read his presidential address, his subject being :

PRACTICAL HINTS IN HYGIENE.

Hygiene is no longer an art alone, he said, but a science; but until a recent period the profession has been too much engrossed in finding cures for many diseases which are now better managed by taking the ounce of *prevention*. The profession everywhere is now aroused to the importance of preventive medicine, and greater achievements are to be expected from this department of the physician's work. The great need of the day is the enlightenment of the masses on this subject. Law-makers will not legislate for hygienic purposes until the people demand it of them. He urgently advised that the physicians teach the people in hygienic truths. The hygiene of the expectant mother must be carefully looked after if the constitution of her offspring would be perfect. The very high rate of infant mortality is, for the most part, attributable to a disregard of these hygienic laws before and after birth. The physician should seek to interest the editor of his city or county newspaper, and invoke his aid in the direction of educating the people. Hygiene should be preached from the pulpit, and it should also be a part of the school *curriculum*.

Passing in review many of the common causes of disease about us, great stress was laid upon the forces productive of malarial fever, the chief cause of which is believed to be the want of proper drainage of lands. The people should know that it costs more in money alone in doctor's bills and medicine than would be needed to thoroughly remove the cause by good drainage. This matter should be enforced by the county officers. The destruction of forests is always followed by increased sickness; therefore the waste of timber should be prohibited by law. Reference was made to the futile efforts of a

number of gentlemen to obtain an appropriation for our State Board of Health at the last session of the Legislature. This Board cannot do its work without money, and every member of the Society is urged to prevail upon his representative to do his part in giving this important Board the money asked for.

Artificial feeding was next noticed as being largely responsible for the great infant mortality of the present day. The failure of American mothers to nurse their offspring is an anomaly to be found in no other country in the world. The evil is on the increase, and as one indication it is stated that the number of nursing-bottles annually sold in this country reaches nearly *one million five hundred thousand*, and that there are about thirty different kinds of "infant food" on the market.

A great mistake is made in raising our girls as "house plants." They need the same out-door exercise practiced by the boys if they would be healthy and strong.

Referring to the increase of insanity, the speaker believed that it is largely due to the violations of nature's laws and to the large consumption of alcoholic beverages. Some idea of the influence of these beverages in shortening life may be gleaned from the statement that a temperate person at the age of twenty years may expect to live forty-four years; if intemperate, fifteen and a half years. At forty years of age the temperate man may expect twenty-eight years; the intemperate, eleven and a half years.

The Society gave evidence of its endorsement of these important subjects by frequent and decided applause.

Dr. L. Ashton, of Falmouth, Va., opened the subject for general discussion on

PUERPERAL SEPTICÆMIA,

in an exhaustive and well-written paper. He defined it as an infectious disease due to inoculation of the wounds which result from the separation of the decidua and the passage of the child through the parturient canal, as well as

from infectious diseases, such as erysipelas and all zymotic fevers. He described the disease as being a metritis, a vaginitis, a peritonitis, a cellulitis, a phlebitis; and discussed fully the characteristic symptoms of each. He traced the history of the disease from the days of Hippocrates, giving the different views held by the leaders in medicine down to the present time, as to the nature of the disease, and showed that Semmelweis, of Vienna, in 1847, first taught that the disease was produced by the poison engendered by cadaveric decay, and that at this day all modern investigations acknowledged it to be due to a septic material, which enters the circulation through solution of continuity in the generative tract or to some of the infectious diseases. He dwelt earnestly upon the importance of clearly diagnosing between puerperal septicæmia and pyæmia.

Prevention was next considered and he gave the views of Thomas, Garrigan and others, and discussed fully the importance of absolute cleanliness on the part of the obstetrician, and the obstetric equipment; but entered an earnest protest against the folly and uselessness in ordinary labors of using the germicides, etc., as advised by Fancourt Barnes, Doleris and many others, and contended that pure, clear water that has been boiled is all that is requisite in most cases.

Under the head of *treatment*, he says: the first thing to do on rise of temperature indicating an attack of puerperal septicæmia, is to cleanse the vagina with a two or three per cent. solution of carbolic acid, or listerine, one to four, or corrosive sublimate, 1 to 3000 every four to six hours.

Much stress is laid upon the importance of intra-uterine injections in the successful treatment of the disease, but urges great caution, and shows the necessity of an intelligent physician doing it himself, using always a Chamberlain glass tube, or the tube invented by Dr. Lyman, of New York, fitted to a Davidson's syringe. Opium to control pain and nervous shock is highly spoken of, to be given in sufficiently large doses.

To reduce temperature, salicylic acid or antipyrine, preceding quinine, with the use of cold applied by means of the Kibbee's cot, Townsend's rubber tube coil, or sponging. Alcohol holds a high place in the treatment, as does digitalis. The diet, he urges, in all cases should receive particular attention as a means of restoring tissue waste.

A paper was next presented by Dr. Upshur, and read by the Secretary, reporting two cases of Septicæmia, as examples of the autogenetic origin of the disease in the one case, and the heterogenetic in the other. A suppurating endometrium was the source of origin of the first, and it was of interest especially because the attack set in after two weeks from delivery, and when the patient was supposed to be completely convalescent. The lochial discharge being too red for too long a period was the prominent symptom pointing to endometritis in the outset. He thought that the attack might have been prevented had local treatment been instituted earlier.

The administration of amyl nitrite, when the patient was profoundly collapsed, and seemingly *in articulo mortis*, and the prompt reaction, and ultimate recovery was an interesting feature in the treatment of this case. *Twenty drops* were given at the first sitting and it was kept up for two days, whenever the pulse indicated failure. The second case was caused, he thought, by exposure to the contaminated air of her sister's room from the horrible fetor of the alvine dejections, which occurred as a critical discharge. This case proved fatal on the 21st day.

At the conclusion of the reading of Dr. Upshur's paper, the President invited Dr. Theophilus Parvin, who had been previously introduced, to give his views on the subject under consideration. After some pleasant remarks about Virginia hospitality generally, and the cordial manner in which he had been received, he remarked that John Randolph, of Roanoke, used to say, that when he had finished a speech he always regretted what he had not said. As for himself, Dr. Parvin remarked he feared that when he was done he would have to regret what he *had* said.

Coming to the subject, he defined Puerperal Septicæmia to be a febrile affection of women in childbed, which is contagious and heterogenetic.

He announced his belief that the disease depends on germs, for the reasons:

1. The minutest particle of infected matter conveyed from one puerperal woman to another in like condition produces the disease.

2. From what we know of the prophylactic effect of germicides.

3. Reasoning from analogy, the same conclusion may be arrived at.

Some have said that disease germs are autogenetic. If this theory be accepted, you must admit the doctrine of spontaneous generation.

We do not say that scarlet fever begins itself; the poison comes from outside, from another case of scarlet fever. He does not believe that the poison from scarlet fever, diphtheria, or erysipelas can produce puerperal septicæmia, but their poisons may be *associated*.

A dog cannot breed a cat although they may associate with each other. A case was here cited of puerperal septicæmia in a mother who had nursed her child through an illness of scarlet fever. When she was confined immediately thereafter, she had a nurse who had been with a case of puerperal septicæmia.

The question has often been asked, can a puerperal woman have puerperal septicæmia without having a wounded womb? Dr. Parvin does not believe that she can.

Likewise the question has been asked, do not retained membranes and clots give rise to the disease? He would answer in the negative, provided aseptic precautions are enforced. *The poison always comes from without.* These decaying secundines only supply a suitable soil for the growth of the microbe. Reference was made by Dr. Ashton to diphtheria of the vagina as a form of puerperal septicæmia. Dr. Parvin does not believe that such a form as this exists. It has been stated by some authorities

that there can be no puerperal septicæmia without a very high temperature, but he has seen cases in which the temperature did not rise above 101° or 102° F., and pulse not more than 100.

In his opinion, there may be two forms, clinically—either lymphangitis or phlebitis. Lymphangitis occurs early after the onset of the disease, by the second day, and the inflammation extends to other pelvic and abdominal viscera, causing even peritonitis. In this variety of child-bed fever you may have a chill, but not necessarily. In phlebitis you always have repeated chills. This milk-leg form is attended with less danger, as it indicates localization of the disease. It is not spontaneous.

Dr. Fordyce Barker and others have written much concerning malarial puerperal fever.

In fifty cases or more of fever in the puerperal woman he has never seen but two cases of malarial puerperal fever. In this form of the disease there are sudden elevations and depressions of temperature.

Treatment.—Dr. Parvin has tried many plans, but his experience leads him to place more confidence in opium and whisky. Nourishing food should be given throughout the disease. He does not recommend the continued use of antipyrine or quinine for reason that these agents soon impair the digestive function, thus interfering with the appropriation of food.

In regard to the use of alcohol, he does not believe that it is indicated in the majority of cases, but when the temperature rises to 103° or 104° F, it acts well by inducing sleep and promoting diaphoresis.

In reviewing his remarks, after narrating some sad experiences many years ago coming out of the views which had been taught him by the great professors of the Philadelphia schools, when he was a medical student in that city—that puerperal fever was antogenetic—he said; “Gentlemen, if there is one thing impressed upon my mind more than another, it is the conviction, as if written with fingers of fire upon my memory, that *puerperal septicæmia* is contagious.”

Dr. Charles R. Cullen, of Richmond, followed in the discussion, by remarking that as soon as delivery is completed, the womb is left in a condition which makes it subject to infection by several diseases, as erysipelas, scarlet fever, sloughing sores, carbuncles, cancer, etc. The principal writers admit the clinical fact, but disagree as to the agents producing the infection, whether ptomaines, or decomposing matter, or bacilli, or bacteriæ, or microbes.

Dr. Barnes, of Edinburgh, admitted that puerperal septicæmia might be propagated even by the breath of the physician or nurse, and says that the disease is more liable to occur in primiparal cases. Dr. Guerin, of Paris, confirms these statements.

Dr. Cullen then referred to the histories of several reported epidemics, showing both the great contagiousness—both from other cases of puerperal fever and from other diseases—and fatality of the disease, and quoted from foreign and domestic records to prove his point.

The great English surgeon, Hunter, said, his first case of puerperal fever commenced from his handling an ordinary sloughing felon, on a patient's finger, and soon afterwards, attending a puerperal woman. From this case a large number of fatal cases developed. He discontinued obstetrical practice and got his partner, who had not been in any of the infected cases, to attend six other cases of labor, and no puerperal disease resulted. He then resumed his obstetrical practice, when the disease reappeared in his cases, and he was compelled to discontinue obstetric attendance.

Other instances were cited leading to the conclusion that surgeons should not attend labor cases, not that all surgeons would be the conveyors of septicæmia, but the dangers are too great in that direction.

As to treatment, he advocated isolation of patients and disinfection of all attendants and articles coming in contact with her genitalia. Vaginal injections of weak solutions of the bichloride, etc., should be employed.

Dr. B. B. Temple, of Danville, Va., remarked that the physicians in his city who came in contact with a case of

scarlet fever, diphtheria or erysipelas, etc., were not allowed by professional opinion there, to attend a case of labor. He thinks as a result of this prohibition that puerperal septicæmia is very rare in that city.

Dr. William S. Forbes, of Philadelphia, present by invitation, in response to a request for a statement of his views, apologized for not entering fully into the discussion, because of not feeling very well. He would say, however, that there was one thing that impressed him, and that was the special adaptability of woman to the disease. His observation teaches him that septicæmia is more liable to occur when the body is depleted in health. He has noticed that "strikers" are peculiarly liable to the disease after the infliction of wounds or injuries. Without work they are unable to provide suitable food for their sustenance.

Dr. P. J. Murphy, of Washington, D. C., who was next called on by the President for his opinions, responded by stating a few clinical facts observed in the Columbia Hospital, where for 15 years he had seen all varieties of the disease.

He rather inclines to the views expressed by Dr. Parvin, in reference to the subject of autogenesis or heterogenesis. Puerperal septicæmia was much more frequent in practice before the introduction of antiseptic treatment. He objects to the term puerperal *fever*; he prefers that of puerperal septicæmia. Referring to treatment, he places great confidence in prophylaxis. Prophylactic methods have, in his hands, reduced the death rate from 9 per cent. to 2 per cent. He advises the use of the hot carbolized douche, 6 per cent. solution, during the progress of the second stage. After the child is born, he makes use of Credè's method to expel the placenta, cleanses the parts with simple sponge bath and applies borated cotton to the vulva.

For internal treatment he believes, with Dr. Parvin, in the great value of opium and whisky, and condemns the heroic use of quinine and antipyrine. He is favorably in-

clined to the administration of spirits of turpentine as a stimulant. If there be much pain he employs suppositories of ext. Indian hemp. In the place of cold water coil he uses a flannel bandage, over which has been poured alcohol. The cold water is too apt to produce shock.

The subject having been continued during the

SECOND DAY—AFTERNOON SESSION,

Dr. John S. Apperson, of Town House, Va., read a paper on "Puerperal Septicæmia."

The question which he thinks of paramount importance to decide, is whether we shall accept the dicta that puerperal fever is identical with surgical septicæmia and produced by the absorption of septic matter, "either originating within the generative organs of the patient herself, or coming from without," and regard every puerperal woman, by virtue of her physiological state as supplying suitable culture beds for the propagation and growth of pathogenous fungi. If so, then we might formulate the practical inquiry, to what extent are we justified in the local use of antiseptics and potent germicides prior to, at the time of, and subsequent to labor? Examination of the record of the 656 cases of labor in Dr. Apperson's practice, where no systematic use of antisepsis has been made, only ten cases of any metria of any form have occurred, and only one death. He could hardly expect better results. He has seen many labor cases in consultation, but is rarely called on to attend a case of puerperal fever, hence, he concludes that the pathogenous fungi are not so prevalent as might be inferred from the writing of authors on the subject. He insists upon cleanliness, especially in the lying-room.

Dr. Bedford Brown, of Alexandria, Va., read a report of "Six Cases of Puerperal Septicæmia, Illustrating the Results of Treatment under the Old and the New Methods." He believes veratrum viride peculiarly adapted to the treatment of the morbid changes in the circulatory system and the pyrexia. It acts as a nervous sedative and prevents ex

cessive heart labor. For the tympanitis he uses two pints of infusion of flaxseed containing one drachm of oil of turpentine, five to ten drops of carbolic acid and one ounce of listerine, thrown up into colon twice daily. As to prevention, in no case where antiseptics have been properly used in labor has he met with puerperal septicæmia. His invariable custom is to cleanse out the genital canal by carbolic soap, warm water and borax. He believes ergot is also an important prophylactic, especially where the uterus is large, flabby and relaxed. Keep the uterus under its influence until all probability of infection has ceased.

Dr. Thomas J. Moore, of Richmond, Va., next took part in the discussion.

He commenced by saying that the intellectual horizon of man was more or less restricted in all the departments of science, especially that of medicine; for more than twenty-five hundred years, from the time in fact, that it bore the semblance of a science, down to the present hour, it had been broadening and extending its field. It had brought to its aid whatever collateral science could contribute: it had enlarged its acquisitions and had been able to determine, with accuracy, many points that had remained wrapped in the obscurity of doubt. But there is one department in which little more is known than in the beginning—the origin of diseases; while it is true that in those of parasitic origin the cause has been fully comprehended, there are no others that he is aware of, in which the definite special cause has been determined. Upon this subject all is occult, and, he feared, would remain so for a time stretching into the far distant future. The medical mind always restless, ever active, has been indisposed to remain enveloped by this cloud of obscurity, and in various ways has manifested its determination to dispel this annoying doubt. In the midst of this general activity the bacterial school has sprung up, led by Pasteur, Koch, Burdon Sanderson, and others, and to-day they have arrived at the conclusion that in every disease that affects the human

frame, there is some definitely outlined and distinct vegetable organism that gives genesis to each particular malady.

This theory bears the semblance of more than probability and is fascinating to the enthusiastic investigators to an eminent degree. With a firm belief in their tenets, and a zeal born of enthusiasm, they claim to have attained much more than they really have accomplished, and the science of bacteriology is by no means upon a stable foundation.

Prof. Parvin, who preceded him this morning, had asserted that several of the diseases that had been declared as causative of puerperal fever, never gave rise to it; especially was this the case with scarlet fever, diphtheria and erysipelas, and that their special microbes could not cause any other form of disease than the one it is the legitimate parent of, and therefore it was impossible for any one of the above mentioned diseases to ever produce puerperal fever.

Dr. Moore declared that he believed puerperal fever and puerperal septicæmia were identical, the modification of the symptoms in the former being attributable to the peculiar condition of the blood and nervous system from gestation and parturition; he further declared that he believed that scarlet fever, diphtheria, and erysipelas could all under certain conditions give rise to puerperal fever, as could other diseases, especially pyæmia, septicæmia and the poisonous products of the dead house; he believed that when the disease in question was so caused, it either arose from contamination by the micrococcus of decomposing animal material, the micrococcus found when purulent, or other septic material was in course of production, or the decomposed animal material itself by direct contact, gave rise to this fever.

The question was as yet unsettled, and the arguments advanced by the advocates of each theory, were by no means convincing beyond a doubt.

Let us hope that in the near future this vexed question

might be finally settled, but the present outlook was by no means encouraging.

A woman in the parturient state could be affected by either auto or heterogenetic infection, the poison entering either through the lymphatics or veins, most generally through the former; all lesions, especially the torn tissues, would permit it to enter the system; the placental site was also a fruitful source, especially in autogenesis. When the fever was developed prior to parturition, he was inclined to believe the infecting cause penetrated the healthy mucous membrane.

The precautions laid down to be observed by the accoucheur, in many respects he believed to be both harmful and useless. His opinions are based upon observations in one of the largest lying-in hospitals in the United States, some seventeen years ago; at that time no precautions were taken against infection in that institution, save keeping the wards and water-closets thoroughly clean by washing and scouring with carbolic acid, daily changing the beds, filling clean ticks with fresh clean straw; so far as the women were concerned, nothing save ordinary cleanliness was resorted to. For months there was not a single case of this fever.

He was not prepared to believe that the women of America had so deteriorated physically, or had become so much more susceptible to this disease as to render many of these precautions necessary; he knew that such was not the case in the rural districts or in the cities of Virginia. The microbe was either more decorous or not so vigorous as in other localities, where all of these precautions were deemed indispensable. He sometimes was inclined to believe that they resided more in the brains of medical enthusiasts than in the circumambient atmosphere. Let us hope, for the sake of the unfortunate women who are at present inflicted with the tediousness of the manifold minutiae now being carried out in the various sections of the civilized world, that at an early date a halt will be called and we may have the swing of the pendulum confined to

its legitimate arc, and that the profession will recede from its present attitude, and, if not openly, will at least tacitly, concede that woman is not the frail, enfeebled physical monstrosity that she at present is virtually declared to be, but is capable of performing her functions of parturition and enduring the tedium of the lying-in, in the manner in which the God of nature intended.

The Doctor then entered into a lengthy statement as to his views upon treatment, recommending vaginal and uterine injections when indicated to keep the parts properly cleansed and disinfected; the resort to the latter operation he considered but rarely required, but when needed was a potent factor in controlling the disease, aiding in preventing further infection, reducing temperature, etc. The use of remedies to control the pulse and reduce temperature were extremely valuable. Nourishing food, frequently given in liquid form, highly important, as well as the free use of some form of alcohol so soon as the powers of life began to wane.

(TO BE CONCLUDED.)

CORRESPONDENCE.

THE PHYSICIANS' MUTUAL BENEVOLENT ASSOCIATION.

Brothers of the Medical Profession:

I desire to speak with you and to you once more in regard to the "Physicians' Mutual Benevolent Association," of Louisiana, and of the claims it has upon your hearty co-operation, by virtue of the relation you sustain to the noble and honorable profession of medicine. "I shall speak as unto wise men, judge ye what I say."

Have you entered this noble profession from a purely selfish consideration? Simply, for the dollars and cents which you can make out of its disreputable practice? (If

so, my appeal is not to you.) But rather, do you not recognize the implied obligation of honor, humanity and benevolence, interwoven in the medical profession from the time of Hipocrates to the present day, and which you and I voluntarily assumed, when we received our Degree of M. D. from our Alma Mater? Have our professional pride and our boasted brotherly love become so demoralized under the general demoralization of the times, that we can be heartless to the claims of the noblest organization that has ever existed within the ranks of the profession? Brother physicians, I ask you to examine into the foundation, principles and the noble purposes of this Association. If it is not *true* and *pure* and *noble*, reject it. If its success would not redound to the good of your wives and children when you can no longer extend to them your manly assistance, then give it the cold shoulder. If you cannot realize the patent fact, that in joining this Association and contributing of your means to the widows and orphans of deceased brothers, you are only providing in the event of your death, a hundred fold more for your families than you have contributed to the relief of others, then have nothing to do with it. But the truth is, that such organizations are now recognized in all enlightened and christian communities, a necessity to the profession, demanded by reason of the scanty remuneration which is generally accorded to the honorable, high-minded and humane practitioner of medicine; and beneficial, in developing and promoting the growth of the nobler and finer feelings of the heart, and at the same time providing a sure fund for the relief and comfort of loved ones, we are called to leave; and this too, in such an easy and economical manner, as scarcely to be felt by us in the giving.

Where is there to be found a benevolent or a social brotherhood, that can compare with the "Physicians' Mutual Benevolent Association," as regards economy and inexpensiveness? Take the "American Legion of Honor," the "Knights of Honor," the "Knights of Pythias," really good organizations of their kind, and you will find

the expenses required for continued membership in either, are two or three times greater than required in the Physicians' Association upon the same amount assured. And it must necessarily be so, since their expenses are so much greater. Their officers all receive a salary—office rent has to be paid—their regalia and paraphernalia, medical examinations and public displays involve a considerable expense that must be provided for, and must be met by a tax upon the membership; while with the "Physicians' Mutual Benevolent Association," there is no office rent to be paid, there are no salaried officers to feed upon the benevolent contributions of their brothers, for all is mutual, unselfish benevolence, from the ground sill to the cap-stone of the noble edifice.

Then, suppose we numbered a thousand members, (and are there not a thousand true-hearted and noble physicians in Louisiana who ought to and will join us?) What a solace it would be to each, to know that a thousand brothers, *true* and *trusty*, with cheerful hearts, were pledged, at his death to give, and to present it, as a gift of brotherly love, to his bereaved widow and children, the snug little sum of three thousand dollars.

Would it not brighten many a dark and anxious hour of our professional lives? And would it not, amidst our arduous toils, gird up our loins and give us renewed energy in the practise of our profession and in the pursuit of a deeper and more perfect knowledge of the art and science of medicine?

But some of our good hearted brothers are timid and seem to fear that too many assessments may be made upon them, and I have been asked by several, the probable ratio of deaths per 1000 members per annum. Of course, no one can answer this question with mathematical certainty; yet, mortuary statistics, carefully made, seem to establish a pretty uniform death rate for different countries and special localities. In the United States the range, I believe, is from 17 to 27 per 1000 of whites. In Louisiana, I think the average is about 23 per 1000. This includes

all that are born, whether living or dead at birth. It is estimated that fully one-half die before the 5th year of life, and that one-fourth of all the remaining die before 21 years old. If this is so (and it seems to be based upon careful and truthful statistics), when we take into account the familiarity of physicians with the laws of sanitary science and their knowledge of the best means of preserving health and prolonging life, we may very safely, I think, calculate that our death rate per annum would not exceed, if it reached eight per 1000. I am persuaded in my own mind that this is a safe computation. Assuming this calculation to be correct, the annual expense to each member would be only \$25, with a membership of 1000, with the absolute certainty, in the event of death, that his family would promptly receive \$3000, and that too, with the comforting assurance of its being the hearty contribution of true friendship and professional brotherhood. Is it possible to conceive of an association purer and more unselfish in its principles and more noble and elevating to human character in its purposes and practice? Let every worthy brother answer these questions to his own conscience and judgment and act accordingly.

Brethren, if we were true to the pleadings of our better nature; if we were true to the noble and humane principles of our noble profession, and recognized our sacred obligations to each other as members of the same divine profession, we would no longer hesitate, but would hasten to join and build up an Association that would be our pride and our joy while living, and the sure and unfailing source of relief and comfort to our families when we are called hence by death.

Brothers, I make this one more appeal to you. I have labored earnestly to make this Association a success. I am disappointed and mortified that my brother practitioners have seemed to be so indifferent; yet I am not discouraged. Some have joined, and have done so with expressions of fraternal love and sympathy that have made my heart rejoice, while scores of letters of encouragement

and promises to join have been received, giving assurance of ultimate success. But, why defer? Brethren, why act so slowly? Why should we let this Association struggle on through months and years of a stunted existence, and, in consequence, be able to bestow but small relief when most needed, when by doing our duty promptly and joining at once, we may make it in a short while a triumphant success and render its benefactions a real boon to our families? Is it not passing strange that physicians, who are presumed to be educated and intelligent, should, above all other classes of men, be so slow to do, what is so obviously their plain duty and to their best interest to do, to say nothing of the claims of our common humanity and the ties of professional brotherhood?

Come, brethren, arouse from your indifference; shake off your selfish spirit, and let us, indeed, be BROTHERS, helping each other in making this substantial provision for our loved ones in the hour of their dire distress, and so much the more, "seeing that the world will love and care for its own."

Fraternally,

RICHARD H. DAY.

LEADING ARTICLES.

LA ENCICLOPEDIA'S SLANDER.

We have always regarded *La Enciclopedia*, of Cuba, as one of the best and most reputable of our Spanish exchanges. We were shocked, therefore, and pained to find in the October number, under the heading Foreign Correspondence, a letter dated from this city, making a scurrilous attack upon the Medical College, this JOURNAL, the Charity Hospital, and indeed, upon the whole profession of New Orleans.

Having read the letter through, and noted the initials with which it was signed, we were not surprised at the

attack upon the hospital, for we are aware that the *friend* whose application for the position of visiting physician was refused, is none other than "A. M. F." himself, and this, of course, is the dead fly in this whole unsavoury pot of ointment. Nor were we astonished at the slanders on the Medical Department of Tulane University and the JOURNAL, for such creatures as this precious correspondent are like blind serpents, which having struck once at their supposed enemy, turn and plant their fangs in every neighbouring object. But we were surprised, greatly surprised, that a journal having the hitherto untarnished reputation of *La Enciclopedia* should become party to a slanderous publication. And the surprise increases on considering the letter. The smallest degree of care only on the part of our contemporary would have been needed to unravel this flimsy tissue.

The Medical College of Louisiana is more than half a century old, and its diplomas are received at home and abroad on a par with those of the best schools of this country; with those of the University of the City of New York, from which A. M. F. graduated, for instance. As the official reports show, nearly every figure given in the attack on the Hospital is falsified; the fact that in estimating the cost of each patient to the State no account is taken of those who died, gives an insight into the method of the whole letter; it contains truths, but they are racked into falsehood.

We do not propose however, a serious defence of either the College or Hospital against the slanders of this unknown. The Dean of the Medical Faculty will doubtless, if he sees fit, find a way to brand the besmircher of his institution, and the Hospital needs no defence. We may say of her as Webster said of his beloved State: There she stands! Yes, and has stood for more than fifty years, the pride and glory of a dozen States, offering to the afflicted of every race a charity as boundless as human misery itself, to be poor and suffering the only passport needed at her gates. The aspersions of this man can no more affect

her, than a patch cob-web could mar the majesty of the great pyramid.

Nor for ourselves do we deem a defence necessary, but we wish to stigmatize as false every statement this "medical historian" has made, save one. It is true that we are young men, but if youth be a crime, it is one of which *Enciclopedia's* correspondent stands more guilty than many members of our staff.

If after what we have said *La Enciclopedia* hopes to retain its good name in the world of honourable journalism, it will make the *amende* as publicly as the offence was given; and this, from what we know of the editor and his staff, we believe it will hasten to do.

As to Fernandez (whose mastery of the English tongue we suppose, led him to assimilate Sir Toby Belch's counsel: "Let there be gall enough in thy ink; though thou write with a goose pen, no matter") we have reason to believe that he has "escaped, broken away, fled," but whether he goes or stays, he is harmless now. The scorpion suddenly exposed to a bright light raises high its tail and drives the poisoned sting deep into his own vitals; we have had but to concentrate the light of public opinion upon this *Scorpio Cubensis* and the venom of his *tale* recoils upon himself and blasts him back into his original nothingness.

PASTEUR AGAIN.

"Each week, each day as it passes, brings new strokes of the ax to the colossal scaffolding constructed by M. Pasteur and supported only by the credulity of his contemporaries. Reports which reach us each day from France and from beyond its borders, demonstrate with their evidence that the chemist of the 'rue d'Ulm' does not cure rabies and that 'l'Ecole Normale' has been during the last six months the theatre of a comedy unworthy of French science. All this flimsy edifice crumbles to-day before facts; in a few months there will be nothing left and the prophet of 'l'Ecole Normale' will retain about him only a few rare fanatics of the new religion."

Thus writes the editor-in-chief of the *Journal de Médecine de Paris*, in beginning an article relating the history of a child who died from rabies, after having been pronounced cured by Pasteur. The writer is indignant at the dishonesty of Pasteur. The death of this child was reported to M. Grancher on the 7th of June, yet this professor, who is called "Pasteur's right hand," failed to communicate this at the celebrated conference held at the barracks of Loban, towards the end of June. Not only did M. Grancher keep the death of this child secret, but he took the precaution to write to the honorable confrères who attended the child, begging them not to report this mishap *as the child might possibly have died of meningitis*. A reason for this secrecy may be found in the fact that the child having been inoculated six days after being bitten, Pasteur could not retrench further the time allowed for efficacious inoculation without rendering the method impracticable.

Only a short time ago it would have been an unpardonable heresy to have acknowledged skepticism as regards the beneficial results of Pasteur's inoculations. Now, almost every week brings us some article showing that the scientific world is awakening from the dazed condition caused by the flourish of trumpets from the "Ecole Normale" and insisting that Pasteur's experiments should be tested by the same rigid scientific standard that every scientist should not only expect but desire.

One writer, Dr. G. Archie Stockwell, in the *Therapeutic Gazette*, while acknowledging that what we know of the ferments of anthrax, chicken cholera, vine and silk worm disease, is in a great measure due to his labors, reminds us that the flat failure of prophylaxis in the swine plague should render us cautious in accepting all the assertions of Pasteur without question*

* Mr. Horsley will find it a very difficult matter to keep any rabbit inoculated with fresh brain material, by trephining, alive. I have been struck by the fact that, preserving the brain of ordinarily healthy animals, inoculation from which proved fatal or serious on the first day, according to Pasteur's method, diminishes its "virulency," and that inoculations practised with it after the fourth day are absolutely harmless.—Dr. E. C. Spitzka, in *Brit. Med. Jour.*, for Oct. 30, 1886.

Of course in the experiments on animals it was necessary to determine whether the animals were or were not mad. For this, Pasteur, a man altogether without medical education or training, formulates a series of symptoms which might really be caused by traumatism at the time of inoculation. In the case of Joseph Meister, which is so extensively quoted as evidence of the efficacy of the *method* on account of the number and severity of the bites, it must be remembered, that the wounds were cauterized immediately and that the dog which did the biting, was promptly killed and pronounced rabid because hay, straw, and other extraneous articles were found in the stomach at the autopsy. Now, Dr. Spitzka, of New York, declares, that "of more than forty canine vivisections in the laboratory of Professor Henry Draper, in not a single subject was the stomach found without foreign bodies, such as *spools, strings, coals, ashes, hay, straw, tops, leather, rags, buttons, etc.* That it is the invariable rule, I can further corroborate from personal experience in numerous canine autopsies and dissections."

The experiments of Professor Frisch, of Vienna, have also been unfavorable to Pasteur.

To test the value of the *method*, Frisch inoculated sixteen rabbits by trephining, fifteen having been subjected to preservative injections and one left for comparison. They all became rabid on the sixteenth day, and died on the twenty-first. Six other animals were inoculated with a preparation of the cervical medulla from a mad dog, but instead of trephining the virus was injected hypodermatically. Three of these were subjected to preventive treatment and the other three kept as a test. *None of these six animals became rabid.* These experiments would seem to show:

1st. That rabies can be determined absolutely by inoculations of the nervous centres, in which case preventive treatment is inefficacious;

2nd. That when the virus is introduced by the skin, rabies does not necessarily follow.

It is but fair to say in conclusion that M. Pasteur at the

reading of his last communication enjoyed an ovation at the Academy of Sciences, where he was complimented by the president, who begged him to persevere in his researches without being discouraged by hostile criticisms.

“Go ahead,” says M. Jurieu de la Gravière, “and the whole Academy will uphold you in your triumphal progress.” At the Academy of Medicine M. Pasteur gave a second reading of this communication, and evoked expressions of the greatest satisfaction from M. Verneuil. “To day’s communication,” said the eminent professor, “has done ample justice to these dark doings (the criticism of the incredulous). M. Pasteur can henceforth advance in the path of progress without heeding his obscure critics.”

The last few lines are quoted from a correspondence to the *London Lancet*. We thus see that even in France Pasteur’s results do not seem to be universally adopted, though he seems still to be a popular idol.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

CALOMEL AS A DIURETIC.

The calomel treatment in dropsy, especially that of cardiac origin, is being much spoken of lately. It was discovered accidentally by Jendrassik while treating a man in whom a dropsical effusion was supposed to be syphilitic in nature. He at first used calomel and jalap combined, but further experiments showed him that the latter drug was superfluous. The most effective dose is three grains from three to five times a day, but the diuretic action of the drug does not show itself until some two or three days after beginning its use; that is, not before indications of its absorption appear, then polyuria begins and lasts until all effusions vanish. Any dose above three grains will very likely purge, in which event diuretic action is not obtained. Furthermore, after diuresis has begun it is not necessary to continue the calomel, for polyuria will not cease until œdema has disappeared. The author is unable to explain this action of calomel unless it is through the absorption of the effused materials by the blood.

If healthy persons are subjected to this treatment mercurialization occurs, but no diuresis. He also failed in pleuritic exudations with diminished urination. This plan, too, seems to be contraindicated in cases where dropsy is due to renal disease.

Where diarrhœa or stomatitis follow this use of calomel, a little opium (one-seventh grain) will check the former, without diminishing the urine, while chlorate of potassium, as a gargle or internally (twelve grains daily), will relieve the latter.—*Boston Med. and Surg. Journal.*

NON-PARASITIC CHYLURIA.

In the *Annales de la Société Médico-Chirurgicale de Liège*, for September, 1886, Dr. Francotte reports a case of non-parasitic chyluria from the clinic of Prof. Masius. The patient was a woman of forty years, whose previous history was excellent. She had her first child in 1872; no accidents accompanied the labor. About eleven years ago, towards the middle of her second pregnancy, she urinated only once a white gelatinous matter resembling clabber; she felt no uneasiness. Her next confinement was easy and the patient observed nothing further abnormal in her urine.

Eighteen months later, during her third pregnancy, she passed again, though only once, a thick, white urine. As on the former occasion, the patient felt well and passed through her labor safely.

The chyluria appeared for the third time seven years ago, on the morning after her fourth confinement; it persisted for eighteen months. The urine was white, milky, sometimes it contained coagula, and the patient had to extract them when they appeared at the orifice of the urethra; these coagula were usually white like clabber, but were occasionally reddish. When the patient saw the chyluria persist, she consulted a physician who ordered a tablespoonful of castor oil every morning; under this treatment, the chyluria completely disappeared. She was compelled to abandon the treatment after a short time as she was unable to stand it, the urine soon became milky again. The patient, meanwhile, had become extremely emaciated. She went to the country where she slowly regained some strength but leanness and chyluria always remained. Finally, after eighteen months, the coagula had ceased to appear and the urine became constantly clearer

until it was at last perfectly normal. It remained so for four years and a half; it became slightly turbid whenever the patient was greatly fatigued. During this time, her health was completely restored.

Six months ago, after enduring great fatigue, incident upon nursing a sick mother for nine weeks, her urine again became milky and contained coagula, none of which, however, were red.

This time, the chyluria was not continuous. At certain times during the day the urine was quite clear; this was particularly the case after long periods of repose, whilst after fatigue the urine became white and opaque. Purgatives caused her urine to become clearer. Micturition was not more frequent than when chyluria was not present.

With the reappearance of the chyluria, the patient again lost flesh; but otherwise nothing abnormal was noticed. At the time of examination, July 29, 1885, the panniculus adiposus was poorly developed; the skin was loose but elastic, and the color of the skin and mucous membranes was good. Under the microscope, the blood showed nothing abnormal. The leucocytes were not increased. Upon examination, the viscera were found to be normal.

The urine was very variable in character; at times it was limpid, and at others, milky, and contained coagula. There were innumerable gradations between these extremes. The patient passed a little more than two litres of urine a day. The chylous urine was odorless, the clear urine had the usual urinous odor.

Chemical analysis showed the chylous urine to contain a large amount of fatty matter, which did not melt at the temperature of the human body. The urine also contained cholesterine and a large amount of serum-albumen, but a relatively small amount of globulin. Hofmeister's test showed absence of peptones. No sugar. The clear urine contained no albumen. In the chylous urine, the chlorides were present to the extent of 0.71 per cent.; in the clear urine 0.78 per cent. Under the microscope, with a high power, could be seen a multitude of very fine granules, having the Brownian movement; no fat globules could be seen. Some red blood-corpuscles were found, and a few round cells; there were neither hyaline nor other casts.

The urine was invaded by bacteria very soon after its emission; there were none in the perfectly fresh urine.

This case is evidently one of non-parasitic nature. No

filaria were found in either the blood or the urine. In this case, the chyluria diminished or disappeared at night which is contrary to the rule observed in parastic chyluria.

CHOLAGOGUE PILLS.

Excellent cholagogue pills to use in case of habitual costiveness are the following:

Podophyll. resin.....grs. ij to iij.

Extract. belladonnæ.....grs. j to jss.

Extract. nucis vom.....grs. iv to ij.

Ext. colocynth. co.....

Pulv. rheiaa grs. xii to ʒj.

Make into pills. Patient is to take one pill at night and one the next morning, every time he remains a day without a full and satisfactory operation.

LANOLIN AS A BASE FOR OINTMENTS.

This substance, of which a great deal has been written during the past few months, is certainly worthy of more attention than it appears to receive at the present time.

It is true that the first samples offered for sale were unsightly and possessed of a very disagreeable odor, which no doubt militated against its use in those cases, where, had it not been for these objections, it would have proved its superiority over other bases for certain ointments.

At present, however, the process of manufacture has been so much improved as almost entirely to remove any objections on the score of color and odor; and as the slight "woolly" odor which remains may be masked by the addition of a few drops of some essential oil, only its merits are to be considered.

The researches of Dieterich prove that lanolin is capable of forming a homogeneous mixture with more than its own weight of water; and, according to Dr. Unna, the well known dermatologist, the more water an ointment contains the more readily it is absorbed.

The experiments of Liebreich also prove that lanolin is far superior in absorptive action to other fats; and, that owing to its neutrality, there is no possibility of its own decomposition, and consequently no danger of its irritating the skin; moreover, his investigations prove that the cholesterine and other fats, which constitute lanolin, "are contained as a normal ingredient in the healthy skin, in the hair, the nails and keratinous tissue generally."

Dr. L. R. Pavloosky, of Kharkoo, Russia, states that narcotic extracts when combined with lanolin are readily absorbed by the skin, and that their sedative action is obtained "with almost perfect certainty, the dose required being only twice as large as that for internal use." Salts of quinine are also absorbed very rapidly, producing the desired effect in a very short time. Iodide of potassium and lanolin, according to Lassar, are so rapidly absorbed as to permit the detection of iodine in the urine in a few minutes after inunction, whilst other observers have not remarked its presence therein in less than two to four hours. Children are more susceptible to treatment by lanolin inunctions than adults, and in some cases this method renders internal medication unnecessary.

Such being the case, lanolin is eminently fitted to serve as a base for ointments when it is desired to secure the constitutional effects of the medicine incorporated therein.

It must be borne in mind however, that certain medicines when mixed with lanolin act so much more powerfully than when mixed with ordinary fats, that it will be well to diminish the quantity prescribed of preparations of opium, belladonna, conium and of the alkaloids. Dr Liebreich has already called special attention to this fact, and recommends caution as to the amount of active remedy prescribed.

It has been observed that a veratrine ointment containing one in forty prepared with ordinary fats, produces only a slight irritation of the skin, whilst an ointment of the same strength prepared with Lanolin burns intensely for four or five hours.

It is not improbable that a correct idea as to the relative activity of ointments when prepared with different bases, may be formed from the amount of water which the base will absorb; indeed, the experiments of Dieterich and others would tend to prove this view correct.

One hundred parts of lanolin will take up 105 parts of water, and may be regarded as the base forming the most active combination. Next in order are mixtures of oleic acid and white wax, which absorb from fifty to sixty parts. Third on the list may be cited mixtures of lard, wax and olive oil, which take up from twenty to thirty parts. Fourth, lard alone, which absorbs fifteen parts, and lastly, paraffine ointment or petrolatum which takes up only four parts of water. From this it may be inferred that a belladonna, quinine or other ointment prepared with

lanolin will be twenty-six times as active as one prepared with petrolatum or any of its fancifully named congeners; about twice as active as with combinations of oleic acid and wax; about four times as active as when prepared with cerate; and about seven times as when prepared with lard.

Consequently if the therapeutic action of an ointment when prepared with lard or cerate is known, it will be easy to estimate the quantity of active ingredient which should be mixed with lanolin to produce the same effect.

R. N. G.

OBSTETRICS AND GYNÆCOLOGY.

TREATMENT OF UTERINE FIBROIDS BY ERGOT.

In the discussion of Dr. Parkes' paper on the treatment of uterine fibroids by ergot, Dr. Henry T. Byford recommends the ergot to given be by rectum, five to eight grains of Squibb's extract twice a day, reporting two interesting cases as follows:

"I remember one case in which the tumor extended almost to the umbilicus when I first saw it, five year ago. It was an irregular, nodulated tumor, mostly subperitoneal, with projections larger than the fist, filling up the pelvis, and to a great extent the false pelvis also, and sometimes caused excruciating pain by its pressure. The patient had repeatedly bled through six and eight weeks, and must have lost one hundred pounds. Tampons were required to save her life. I never saw paler mucous membranes in a living being. It was a very much worse case than many which I continually find cited in medical literature, in which hysterectomy is considered necessary. The patient begged to have the tumor removed. She could not take the ergot for any length of time, either by rectum or mouth; but after a while she tolerated five-grain rectal suppositories, and has passed the menopause. The tumor, having lost its activity, has become considerably smaller; while she, having regained her hundred pounds, has become considerably larger."

"I have a case which had been treated for a year with all the most approved remedies, except ergot. When I first saw the patient, two years ago she weighed eighty-three pounds; she had a nervous chill and almost fainted when I first entered the room, because I was a stranger. She had not slept for weeks, except under the influence

of narcotics, and had acute symptoms of tuberculosis. She was in the habit of bleeding steadily from three to six weeks, and was being so rapidly destroyed by the loss of blood that I at first had to use the tampon. She was put upon eight grains of Squibb's fluid extract of ergot per rectum, and tincture by the mouth. Her health improved rapidly, and the hemorrhages progressively diminished. Her lungs were recently examined by Dr. H. A. Johnson, who found the remains of old trouble, but no tendency to unfavorable changes. Her cough, which had lasted so long, has entirely left her. She now takes the ergot a part of the time only. The menses last four days, are natural in quantity and quality, and are followed every three months by a watery discharge of a faint pinkish tinge. She cannot feel the tumor now although a projection the size of a child's head was formerly felt by her between the umbilicus and left groin.

Dr. Wm. H. Byford, who has had such extended experience in such cases, in closing the discussion said:

"Mr. President, you are right in supposing that I feel great interest in this subject, I have made it a study for a long time. Perhaps as good a way as any to introduce my views on this subject to the society, will be to go back to the commencement of my own researches in this matter. In 1872, Hildebrandt commenced a series of experiments for checking the hemorrhages connected with fibroid tumors of the uterus, by giving hypodermic injections of the extract of ergot, and succeeded in a great many instances in suppressing the hemorrhage and relieving the patient from the inconvenient symptoms. During these experiments he also ascertained that the tumor would sometimes disappear. I think his statistics were not large, and that he only reported a very few, perhaps three or four cases, in which the tumor disappeared by atrophy during the time he treated them in this way."

"In 1874, I was elected to the chairmanship of the section of obstetrics in the American Medical Association, and as these experiments of Hildebrandt had attracted considerable attention, I thought it would be a good time to make some investigations as to the value of his facts. I commenced correspondence over a large portion of the United States and Europe, but especially communicated with my friends in this part of the country, among whom were my immediate associates in this city, who had been engaged in using hypodermic injections of ergotine according to the

method of Hildebrandt, once in two or three days. All of them bore testimony as to the efficacy of that kind of treatment, and as to the fact that these tumors could be made to disappear in a great many instances by atrophy, and in a great many more the symptoms could be relieved so that the patient was rendered comfortable, the presence of the tumor giving but little inconvenience. Some of the gentlemen with whom I had correspondence had been using the ergot in different ways, giving it by mouth, giving it by rectum, and injecting it in the tumor itself, and by various other methods. I noticed one fact in my own practice and that of my friends, which was, that the more frequently the ergot was given the more powerful its action was. In giving it two or three times a week hypodermically by the Hildebrandt method, there is very little distress produced by it, but the tumor may gradually disappear and the symptoms get better. I collected 103 cases from different parts of the country, and in all of them the attention of the practitioner was directed to the point of causing the disappearance of the tumor by atrophy."

"During the time I was making these investigations, cases of fibroid tumors occurred in the practice of my friends, who consulted me. One was a remarkable instance in the practice of Dr. M. Merriam. I remember the particulars. The patient was a little Irish woman who had a tumor almost large enough to reach to the umbilicus. He commenced the use of ergot in September 1874, twenty drops of Squibb's fluid extract three times a day. It produced so much contraction of the uterus and so much pain as to alarm the patient and the doctor himself; he thought these pains ought to be suppressed, and as a consequence, he would intermit the use of ergot, give anodynes to stop the pain and get relief from the sufferings of the patient, but would recur to ergot as soon as his fears had subsided. In January, 1875, he directed her to recommence the ergot and increase the amount. He gave her, I remember very well, twenty-five drops of Squibb's fluid extract, three times a day. In March, which was about two months from the time he began giving her ergot in that way, the patient commenced having expulsive pains very much like labor, and not long after that, probably about March 20th, there commenced to issue from the vagina a putrid liquid, that was very offensive and which contained small pieces of organic substance. He became alarmed and entirely withdrew the ergot, supposing he was doing

mischievous, but the death of the tumor had been produced, and as a consequence the uterus continued by its action to throw off this foreign body until April 5th, 1875, when he was summoned in great haste to see his patient. I was also summoned. Upon arriving at the house, which he did before me, he found the tumor expelled, part of it laid in the vagina and part between the limbs of the patient, a protruding mass almost the size of a child's head. It was not expelled in a lump, but was broken in pieces that would represent that size. The patient at that time had septic fever with increased temperature and increased frequency of pulse, etc. The doctor and I both felt uneasy about her, but she very soon rallied and in a short time was well, and since has given birth to a child."

"That was my first observation as to expulsion of tumors of that kind. It started a train of thought in my mind and led me to think about increasing the ergot beyond the amount that had usually been given for producing atrophy. In the same year, July, 1875, I commenced giving it with the view of expelling a tumor. I gave my patient at first fifteen drop doses of Squibb's fluid extract three times a day and increased it until the patient was taking a teaspoonful of ergot three times a day. On August 15th about five weeks after I commenced using it, the tumor was broken up and expelled from the vagina. It was expelled by pieces; the first piece about as large as my thumb, of a grayish kind of substance that smelled very badly. The action continued; I was somewhat alarmed and gave the patient anodynes, but the uterus had already commenced to act on the tumor and expelled it, as it would any foreign body. In December of the same year I had an opportunity of repeating the experiment, and the case terminated in the course of six weeks, by the same method of administering the ergot."

"In 1876 on returning from the World's Exposition at Philadelphia, I was requested to call at Coldwater, Mich., to see two patients, one with cancer and one with a tumor. I found one of these patients with a tumor as large as my head, the measurement of the cavity being fully six inches. I told her I believed the tumor could be expelled if she was willing to go through the process. I felt uneasy, however, to leave her to use such medicine by herself, and tried to teach her how she should proceed when the expulsion should take place. She took the ergot three months without much effect, except that occasionally she would

have a paroxysm of pain; after that, however, the pains became so very severe that she could not take the ergot much of the time. But, brave and intelligent as she was, she repeatedly resumed it, and finally the tumor commenced to come away. It came away in about five weeks from the time the first symptoms of expulsion occurred. She wrote me a description of the method of expulsion. She said at first small lumps made their appearance and passed out of the vagina; after the second day they became larger, and on the third and fourth days they seemed large enough to fill up the vagina. With her scissors she cut off pieces of it and pulled at it to assist its removal. She labored at it two or three days until it was all expelled. In about three weeks thereafter she came to see me, and the uterus had shrunk back to near its natural size. She has since had the menopause, and is now in good health. She sent me at that time a quart cup full of this expelled fibrous substance."

"Another case occurred in the Western part of this State, under the care of Dr. Crandall, of Sterling. The patient came, by his directions, to see me, and I found a tumor of considerable dimensions and advised her to take ergot. She went home, and in about fifteen or twenty days got her work done up, as she expressed it; took three doses of thirty drops of Squibb's fluid extract of ergot, and started up such a process of expulsion that, notwithstanding the efforts of her physician to stop it, the pains went on to the expulsion of the tumor, which was completed in about three weeks."

"Dr. Wm Fox, of Milwaukee, three years ago sent me a report of another similar case. In summing up these observations, I have known personally of twenty-six cases of expulsion of the tumor in this way. With reference to the danger connected with the expulsion, I would say that only one out of these twenty-six cases proved fatal. They all had septicæmia to some extent, but as soon as the mass of dead tumor was removed the patient commenced to recover and got well. Some of the patients had no assistance. This one patient in whom it proved fatal lived in Monmouth. It occurred about six years ago. She was a lady who, like other foolish women, distrusted her home physicians, and she came here supposing she would find better treatment. I advised her to take ergot, and in about three months the pains commenced that caused the tumor to be expelled. She came here with the

lower part of the tumor hanging from the vagina and uterus, while the upper portion was clinging to the cavity in which the whole had been lodged. She was then laboring under a high fever, The smell was terrible. She came to the Tremont House, and it was several hours before I could see her. When I arrived it was a very simple matter to enucleate it, and I removed it in a few minutes. But she had already received a fatal poisoning from the retention of the dead tumor. This is the only case I have known to prove fatal. I do not get a history from other gentlemen of any more unfavorable results. They all tell me they are frightened at the symptoms, and they are afraid the patients are going to die, but they do not die. When the mass is taken away and the vagina washed out the symptoms disappear. Since thinking of this matter and observing the effects of this remedy, I have thought I could come to definite conclusions as to the conditions under which we might predict the expulsive effects of ergot by the appearance of the tumor. You know that this is not a very common thing to find a case in which there is a single tumor in the fibrous tissue of the uterus. More frequently these tumors are complex. Quite a number of nuclei of formation; we often see in one uterus four or five, sometimes fifty different points of solidification. Now a single or even a double tumor, located within a circle of the fibrous arch of the uterus near the mucous membrane, is the kind that I think may almost certainly be expelled. If you find a case of symmetrical development, where the uterus seems near its normal shape, oval, or globular, without any large projections standing out in various directions, feeling somewhat elastic to the touch, and attended with hemorrhage, you may be pretty sure you can expel the tumor by commencing with small doses of ergot and increasing them in size, and then when the pains begin, not to stop them. The presence of severe pains frighten a great many men from finishing what they have begun. If I were to explain this operation, I would say when ergot is given in this way, after a while the tumor becomes starved, the supply is cut off so there is not blood enough to support it, and very soon it dies in consequence of this strangling process. When it dies, there is, at the same time, gangrene of the mucous membrane covering it; then it becomes a foreign body and you cannot keep the uterus from expelling it. The expulsion is a consequence of this starvation and killing process in the tumor. As to the

action of ergot in tumors that are not submucous, of course I know that tumors not submucous cannot be expelled. There is what is called the interstitial tumor, developed in the central stratum of the fibrous walls of the uterus; these are the proper subjects of the Hildebrandt process of atrophization. Then with reference to the effects of ergot upon subperitoneal tumors, I have often been asked the question: Can ergot affect these subperitoneal tumors? I think they are frequently starved out and cured; when not too near the peritoneum there is no danger of their becoming detached and putrid in the peritoneal cavity, because the action is from the tumor. In the submucous the actions are all towards it, and none from it. There is one circumstance to be noted in connection with these tumors and the action of ergot upon them, that has not been sufficiently considered. A large proportion of them growing to any considerable size, contract attachments to the peritoneal membrane, the intestines, omentum, or the walls of the abdomen, and in making this attachment they get a new supply of blood, which makes the life of the tumor more tenacious than it would be otherwise. This very process of adhesion to the walls of the abdomen is, more than any other, the cause of their great size and the change from a fibrous to a fibro-cystic tumor. We need not expect such tumors to be affected by ergot. There are a good many other things that interfere with the successful use of ergot, of which I cannot now speak. I am grateful to my western associates who have assisted me by facts and experiments on this subject. If you go to the eastern part of the United States they will tell you that ergot is of no use in the treatment of fibrous tumors, or it is too dangerous; the patient cannot live under the pains of expulsion, etc.; but if these same gentlemen had a patient in labor they would urge the pains instead of stopping them. Most physicians who do not believe in the efficacy of ergot, use Hildebrandt's method pretty much altogether, which produces tonic contraction of the fibres of the uterus, but does not go to the extent of causing expulsive pains. Then again, there is too great apprehension on the part of the profession generally, of the dangerous poison of ergot. I do not know whether the history we have of the poisonous influence of ergot in producing a nervous disease, grangrene, and so on, is true; whether the observations that led to that teaching were correct at one time or not, but I know that after the use of

ergot persistently for two or three years in the same case, I have never seen any evil influence produced by it, unless it is in cases where the violent action of the uterus would be regarded as such. I have purposely avoided saying anything about the *modus operandi* of ergot in causing contractions in the uterine fibres, because that is now sufficiently understood by the profession. But, Mr. President, I feel that I have occupied too much of the valuable time of the society already, and will say no more.”—*Obstetric Gazette*.

OPHTHALMOLOGY AND OTOTOLOGY

GLASS IN THE EYE FOR TEN YEARS.

In the *Journal of the American Medical Association*, Oct. 23, Dr. T. E. Murrell, of Little Rock, Ark., reports a case in which a fragment of glass 15 mm. long, 12 mm. wide and $1\frac{1}{2}$ mm. thick, was carried in the eye for ten years without causing any bad symptoms. At the end of this time the uninjured eye began to tire more readily than had been its wont, and the injured eye was removed as a precautionary measure.

STATISTICS OF COLOR BLINDNESS.

Dr. Worms, having examined 11,175 persons in respect to color blindness, has communicated his results to the French Academy of Medicine. Of the above number, he found two only incapable of distinguishing one color from another; three were blind for red and six for green; eighteen could not distinguish green from red; fifteen saw no difference between green and blue or gray, and fifty-two had a peculiar weakness in color vision in general.—*The Medical Record*.

CHRONIC PURULENT OTORRHOEA.

In the *Medical News* of October 30, is an article on Chronic Purulent Otorrhœa—Its nature and treatment, by Dr. Chas. H. Burnett, of Philadelphia. Characterized by Dr. Burnett's usual strong good sense, thoroughness and accuracy, it is worthy of the attention of every practitioner. The paper was read before the Philadelphia County Medical Society, and while giving a masterly account of the disease and its treatment, is especially intended to impress upon the practitioner the necessity of prompt interference

in all cases of discharge from the ear. The lamentable notion that discharges from the ear should be let alone, that they will be outgrown, or that checking them may be attended by disastrous consequences, is doubtless the cause of much suffering, incurable deafness and even loss of life.

BOOK-NOTICES.

A Text Book of Human Physiology, including Histology and Microscopical Anatomy, with special reference to the Requirements of Practical Medicine. By Dr. L. Landois. Second American, translated from the sixth German edition, with additions by William Stirling, M. D., Sc. D. Philadelphia: P. Blakiston, Son & Co., 1886. [New Orleans: Armand Hawkins, 194 Canal street. Price \$6.50.]

The limited space at our command does not allow us to make even a pretense at *reviewing* this truly great book. Nor, indeed, would any but a highly trained physiologist be competent to the task. Such authorities have already expressed themselves concerning the merits of the earlier editions in unequivocal terms. Dr. T. Lauder Brunton, himself a physiologist of no mean attainments, and the author of the most comprehensive and practical work on Pharmacology in our language, says: "It is one of the best and most practical treatises on physiology we have ever seen." It only remains then for us to give our readers an idea of the scope of the work and our impression of it as a text book of physiology for the practitioner.

The book is divided into fifteen parts, physiology of the blood, of the circulation, the respiration, etc., subdivided into sections dealing with the physics, chemistry, histology, physiology, pathology and therapeutics of the great organs or vital processes treated of in these parts. In appropriate parts are full accounts of all the instruments of precision, and the modes of handling them, now in use among the most advanced practitioners, special and general. Thus, in our opinion, this work is pre-eminently *the* physiology for practitioners of medicine. Treating the subject from the same essentially modern and intensely scientific standpoint as do the works of Hermann and Foster, it has the overwhelming

advantages of greater lucidity and interest in style, and, what the above works do not possess at all, of practicality. While setting forth fully the uttermost advances of physiological research it unceasingly points out the application of their results to the ends sought by the practitioner of medicine. This treatise has produced a profound impression upon the theory and practice of the masters of our art everywhere, and in conclusion we will permit ourselves to say of it, what we have rarely said of any book noticed in these columns, Landois and Stirling's physiology is not a book that it would be well for medical men to have, but one that every true student of medicine *must* forthwith purchase, read and thoroughly assimilate. H. D. B.

Transactions of the Mississippi State Medical Association, at the nineteenth Annual Session, held at Jackson, April 21 and 22, 1886.—Published by the Association.

This little volume is a welcome messenger from our brethren in a neighboring State. The attendance at the last meeting was good, and the members manifested a degree of interest in the State organization that is well worthy of imitation in our own State. The number of papers read was large, and the majority of them were rather short; none of them, however, was devoid of interest. Each contribution is well worthy of perusal; and the writers show that they have kept pace with medical progress. We would like, if possible, to speak of all the papers; but want of space constrains us to refer to but a few.

Post partum hæmorrhage is always a source of alarm and particularly so in certain weakly women. Dr. N. L. Guice, of Lafayette, describes the effect of electricity in causing a flabby uterus to contract, after ordinary measures had failed. According to him, the electricity acted as if by enchantment. We shall furnish our readers with an abstract of this valuable paper.

"The Antiseptic Treatment of Pulmonary Diseases by Means of Pneumatic Differentiation," is a subject ably handled by Dr. J. Blanks, of Meridian. The results of his experience permit us to hope that we have indeed increased our powers in the treatment of almost intractable pulmonary affections.

Dr. S. Brownrigg, of Columbus, describes a case of dislocation of the thumb, which was reduced by a new manipulation, without resorting to the knife. We will take pleasure in presenting a synopsis of this paper to our readers.

Dr. M. S. Craft, of Jackson, and his committee, deserve great credit for the zeal they have displayed in collecting material to form a chapter on the "Surgery of Mississippi," of which Dr. Brownrigg's case formed a part. This chapter is enriched by contributions from Dr. Craft himself, on the subject of tumors. We will, from time to time, present our readers with flowers culled from this luxuriant field.

We are pleased to see our old fellow student, Dr. M. L. Sexton, enrolled among those who are determined to make the "Transactions" interesting and valuable.

This volume indicates an admirable degree of vigor in the Mississippi State Association, which augurs a long period of prosperity.

A. Mc. S.

The Medical News Visiting List for 1887. [Philadelphia: Lea Brothers & Co.]

The book before us is arranged for thirty patients a week. The arrangement is excellent. The first forty-eight pages are made up of therapeutic, obstetrical and surgical memoranda, which embrace only the most necessary data to save the physician's memory. The remainder of the book for the notes of the practitioner, divided in to the daily record of visits, clinical notes, consultation practice, obstetric engagements, vaccination, death register, addresses of patients and nurses, a cash account and general memoranda. A thumb letter index makes it easy to turn quickly to any department of the book and an erasable tablet at the end is another useful feature of the book. We can recommend this to the busy practitioner as one of the most convenient and useful visiting lists we have seen.

A Manual of Practical Therapeutics. By Edward John Waring, C. I. E., M. D., F. R. C. P. Edited by Dudley W. Buxton, M. D., B. S., London, etc. Fourth Edition. Philadelphia: P. Blakiston, Son & Co., 1886. Pp. 666. [Armand Hawkins, 194 Canal street, New Orleans.]

This is an excellent work, essentially practical, concise, and yet covering remarkably closely the large field of therapeutics.

Each subject is treated of under the three heads of: 1. Medical Properties and Actions. 2. Dose. 3. Therapeutic Uses. This last division, the application of drugs to special

cases, is notably complete, and though this feature in works on therapeutics seems closely allied to homœopathic practices, still it must be confessed that it is this very thing that has given so many works on therapeutics the standing and value of hand-books, or ready works of reference. Certainly this work of Waring's fills this indication as well as, if not better than, any similar work we now recall.

References to foreign journals and other foreign medical literature, in illustration of the uses of drugs, are abundant and undoubtedly of great value, but we are inclined to think that the American editor might have added greatly to the work by including in this edition similar references to our extensive home writings.

J. H. B.

PUBLICATIONS RECEIVED.

Subcutaneous Division of Urethral Stricture. By C. H. Mastin, M. D., L. L. D., Mobile, Ala. Reprinted from Transactions of the Medical and Surgical Association, May 1, 1886.

The Curette as a Diagnostic and Therapeutic Agent in Gynecology and Obstetrics. By B. Bernard Browne, M. D., Baltimore, Md. Reprint from Transactions Medical and Chirurgical Faculty of State of Maryland, 1886.

Fifty Cases of Abdominal Section (Second Series). By James B. Hunter, New York. Reprinted from the *New York Medical Journal*, for August 21st, 1886.

Recapitulation of Surgical Cases and a Case of Resection of the Superior Maxillary Bone for Cancer. By Professor Edmond Souchon, New Orleans. Reprinted from the Transactions of the Texas State Medical Association.

Medical Education and Medical Colleges in the United States and Canada. Illinois State Board of Health. Office Secretary, Springfield.

A Case of Pregnancy Complicated with Uterine Fibroids and Measles. D. W. Cathell, M. D., of Baltimore. Reprint from Transactions of the Medical and Chirurgical Faculty of State of Maryland.

Annual Report of the Commissioner of Pensions to the Secretary of the Interior, for year ended June 30th, 1886.

The Amblyopia of Squinting Eyes. Is it a determining cause or a consequence of the Squint? By Samuel Theobald, M. D., Balto. From the *Medical News*, Sept. 4, 1886.

In Memoriam. Austin Flint, M. D., L.L. D. James Marion Sims, M. D., L.L. D. By Wesley M. Carpenter, New York.

Venous Blood Tumours of the Cranium. By Wm. M. Mastin, M. D., Mobile, Ala. Reprinted from *Journal of American Medical Association*. Sept. 18, 25 and Oct. 2, 1886.

A Prior Discovery. Reprinted from the (*Chicago*) *Medical Current*, for Oct., 1886. Two pages to show that Dr. John W. Streeter, of Chicago, has priority in the method of performing perinaorrhaphy, described by Dr. Trenholme, of Montreal, in the *Canada Medical Record*, June, 1886.

Tardy First Stage of Labor. Profuse Post-Partum Hæmorrhage. Electricity as Oxytocic. By N. L. Guice, M. D., Fayette, Miss.

The Electric Light as an Illuminator. By J. Alfred Andrews, New York. Reprinted from the *Medical Record*, Sept. 4, 1886.

Is Electrolysis a Failure in the Treatment of Urethral Strictures? By Robert Newman, M. D., New York. Reprinted from the *Medical Record*, Sept. 25, 1886.

Exploration, Excavation and Illumination of the Interior of Bones in any Part of the Body. By Milton Josiah Roberts, M. D., New York.

Method in Medical Study. By Chas. H. May, M. D., New York. Reprinted from the *New York Medical Journal*, for Sept. 18, 1886.

Report for the year 1885-86. Presented by the Board of Managers of the Observatory to the President and Fellows of Yale College.

Surgical Notes from the Case Book of a General Practitioner. By Wm. C. Wile, M. D. Reprint from *New England Medical Monthly*, July, 1886.

Anthropology—Child Growth. By Clara Bliss Hinds, *American Naturalist Extra*, August, 1886.

Operation on the Drumhead for Impaired Hearing; with Fourteen Cases. By S. S. Bishop, M. D. Reprinted from the *Journal of the American Medical Association*.

Galvano-Cautery in Diseases of the Prostate, Bladder and Urethra. By Robert Newman, M. D. Reprinted from the *Journal of the American Medical Association*, Aug. 28, 1886.

Nasal and Naso-Pharyngeal Reflexes. By W. Cheatham, M. D., Louisville, Ky. Reprint from *Southern Practitioner*, Sept., 1886.

Removal of Foreign Bodies from the Larynx. By Max Thomer, M. D., Cincinnati.

PERSONAL.

DR. J. D. WILSON has resigned the professorship of chemistry in the Atlanta Medical College and gone to New York. DR. HUNTER P. COOPER has been elected to fill the chair thus rendered vacant.

Deaths.

DR. HAYS WHITE MOORE died at his home in Fort Worth, Texas, Sept. 26th, 1886.

Dr. Moore was a native of New Orleans, having been born in this city in 1856. In 1880 he moved to Fort Worth, where he distinguished himself as a man and a physician.

DR. ALBERT WELCH died at his home in Ferris, Texas, Sept. 22d, 1886, aged 37 years.

DR. J. A. KOONS, member of the Johnson County Medical Society (Kansas), died at Spring Hill, Kansas, Sept. 14th, 1886.

MATHILDE SMITH, widow of the late DR. ARMAND MERCIER, died at her home in this city Nov. 3d, aged 61 years.

TUTTLE.—In Yazoo county, Miss., Oct. 3d, 1886, Levi W. Tuttle, M. D., aged 57 years.

MEDICAL NEWS AND MISCELLANY.

DR. J. F. Y. PAINE, of Galveston, has been unable to complete the paper promised for this number. It gives us pleasure, however, to assure our readers that we shall soon present them with a paper on the Hygiene of Children from the pen of this distinguished member of the profession of Texas.

OUR next number will contain a paper on the Effects of the Habitual Use of Tobacco on the Human Economy, by Dr. C. J. Bickham, M. D.

THE CHARITY HOSPITAL has purchased the very elegant and expensive electric battery of the late Dr. Crawcour. No physician in the city possessed such a collection of instruments of all kinds as did Dr. Crawcour. He purchased nearly every useful instrument or appliance that was offered in the market, and his rooms would almost serve as a museum to illustrate the progress made in these departments during the long years of his professional life.

LONGEVITY OF INTELLECTUAL WOMEN.—Hannah More, died at 88; Joanna Baillie, 80; Mary Russell Mitford, 70; Agnes Strickland, 74; Mrs. S. C. Hall, 80; Madame de Sévigné, 70; George Sand, 72; Mrs. Siddons, 76; Mary Sommerville, 92; Caroline Herschel, 98; Fanny Kemble is living at 73, and Harriet Beecher Stowe at the same age.—*Medical and Surgical Reporter*.

IN his August number our friend Daniel takes us to task for having claimed priority in introducing Dr. McLaughlin's danguue germ to the profession. We make the *amende*. By some oversight the notice in Daniel's *T. M. J.* escaped us. The micrococcus *McLaughlinii* (Daniel) is "such a little one," that Dr. D. might have saved his fish story until he found out something about the length of our jacket or our intentions towards the fish.

DR. R. McCORMICK, who was the chief medical officer and naturalist to Sir J. C. Ross' memorable Erebus and

Terror expedition towards the South Pole in 1839-43, and who was with Sir Edward Parry in his arctic voyage in 1827, is now 86 years old hale, and hearty. He lives at Wimbledon, England, and still takes deep interest in all polar explorations.—Ex.

DR. J. W. GRIGGS, whose address is P. O. Box 93, West Point, Troup Co., Ga., writes to the *Picayune* as follows: I take this method of making inquiry about some friend or relative of W. P. Alvin, who was killed at the battle of Corinth, Miss., 29th October, 1863. If the relatives or friends will address me at this place, they can obtain a relic which belonged to him. I write to your paper because Mr. Alvin was a member of a Louisiana regiment.

A CITIZEN of Valrosia wants to send some of the big red ants of that region, called "bull-dog" ants, to surgeons for use in fastening wounds of the intestines. He says that if the edges of two pieces of soft paper are held together and a bull-dog ant be held so that he will clutch both sides, and his head be then quickly twisted off, the ant becomes a fixture in that position. He says that Spanish surgeons use the bull-dog ants as sutures in that way.—*Picayune*.

MR. NATHAN HOFFPANIR, living a few miles from here, is a hale and hearty old farmer, 73 years of age. His respected consort is aged 68. They have had 15 children, of whom 13 are now living. They have 78 grandchildren and 30 great-grandchildren. None of their descendants live more than four miles from the old homestead, and the old couple keep their own house and are not dependent. A son of the old couple gives us these facts. We consider this very good proof of the healthfulness of this country.—*Acadia (La.) Sentinel*.

DR. P. G. ROBINSON, of St. Louis, Mo., declines membership in the Association of American Physicians on the ground that this body is in fact, if not in spirit, organized in opposition to the American Medical Association.—*American Lancet*.

THE *St. Louis Medical Journal* has "decided not to pay for the distinguished privilege of advertising William Wood & Co.'s books." We do not see how any editor that respects himself can do so, but we are glad to find that some editors have sufficient courage to say so.—*Ibid*.

DR. G. C. MOUTON is a shining light in the movement looking to the formation of the new parish of Acadia.

THE scene is a young ladies' seminary. "Ah," said one young pupil to another in triumph, "my mamma gives me a penny every morning for taking a spoonful of cod liver oil!" "And what do you buy with the penny?" eagerly returned the second girl in a tone not devoid of envy. "Oh," returned the former speaker, "I do not spend it at all; mamma puts it away for me every day to buy more cod liver oil with."—*London Figaro*.

M. PAUL BERT, physician, scientist, politician, the French Minister Resident in Anam, is dead, at the age of 53.

MARYLAND has one doctor for every 321 persons.

VIRGINIA is to have a new journal, to be called *Practice*, edited by our friend, Dr. J. F. Winn, of Richmond. Subscribers should remit \$1 to Dr. Winn, 800 E. Marshall street, Richmond, Va.

THE Archives of Gynæcology, Obstetrics, and Pædiatrics, New York, will from January, 1887, be issued monthly, instead of bi-monthly, as heretofore.

DR. P. C. WILLIAMS, of Baltimore, has been elected President of the Baltimore Academy of Medicine for the coming year, Dr. G. Lane Taneyhill reelected Treasurer, and Dr. C. C. Bombaugh reelected Secretary.

SANDY.—"I want a cake of soap Mr. McIntosh."

Chemist.—"I canna let ye hae a cake of soap on the Sawbeth day, Sandy."

Sandy.—"But ye sell'd that lassie peppermint drops."

Chemist.—"Aye, ye can sook peppermints in the kirk, but ye canna wash yersel' there."

CULTURE OF VACCINE IN MUSHROOM JELLY.—Experiments have recently been made by the Finnish Medical Society in the cultivation of artificial lymph in sterilised mushroom jelly. The artificial lymph has also been dried and used for vaccination. A child was exhibited at one of the meetings who had been vaccinated by the artificial lymph in the arm. There were nine vessicles in three rows. They were all well developed, and did not present any dissimilarity, although two rows had been produced with lymph taken from different parts of the culture glass, and the third row with dried lymph from the same glass.—*Medical Record*.

MORTUARY REPORT OF NEW ORLEANS

FOR OCTOBER, 1886.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial, unclassified	14	11	12	13	15	10	25
“ “ Typho.....	4	4	4	4	6	2	8
“ Congestive.....	9	3	8	4	6	6	12
“ Continued.....							
“ Intermittent.....							
“ Remittent.....	8	2	6	4	7	3	10
“ Catarrhal.....							
“ Typhoid.....	1	1	1	1	2		2
“ Puerperal.....	1	2		3	3		3
“ Enteric.....	1		1		1		1
Scarlatina.....							
Small-pox.....							
Measles.....							
Diphtheria.....	8	3	6	5		11	11
Whooping Cough.....	1		1			1	1
Meningitis.....	7	2	6	3	4	5	9
Pneumonia.....	4	7	8	3	6	5	11
Bronchitis.....	3	3	4	2	4	2	6
Consumption.....	41	32	44	29	73		73
Congestion of Brain.....	6	2	4	4	6	2	8
Diarrhœa.....	13		7	6	11	2	13
Cholera Infantum.....	5	2	6	1		7	7
Dysentery.....	6	2	5	3	6	2	8
Debility, General.....	4	3	5	2	7		7
“ Senile.....	14	20	13	21	34		34
“ Infantile.....	2	4	3	3		6	6
All other Causes.....	159	76	135	100	158	77	235
TOTAL,	311	179	279	211	349	141	490

Still Born Children—White, 37; Colored 16; Total 53.

Population of City.—White, 173,500

“ “ Colored, 64,500

Total, 238,000

Death rate per 1000 per annum for month.—White, 21.51.

“ “ “ “ “ “ Colored, 33.30.

“ “ “ “ “ “ Total, 24.70.

W. H. WATKINS, M. D.,

Sanitary Inspector

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—OCTOBER.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in in. & Hund.	GENERAL ITEMS
		Mean	Max.	Min.		
1	30.065	70.5	79.5	65.0	....	Mean Barometer, 30.101.
2	30.154	63.8	72.5	56.8	....	Highest Barometer, 30.298. 30th.
3	30.172	67.6	78.4	57.6	....	Lowest Barometer, 29.787. 11th.
4	30.097	71.0	80.5	63.2	....	Monthly Range of Barometer, .511.
5	30.033	70.3	79.6	64.8	....	Mean Temperature, 69.5.
6	30.022	71.5	79.6	63.5	....	Highest Temperature, 87.4, 14th.
7	30.041	72.2	81.5	67.5	.13	Lowest Temperature, 45.3, 28th.
8	30.039	72.4	80.0	66.8	....	Monthly Range of Temperature, 42.1.
9	29.989	73.3	81.0	68.3	....	Greatest daily range of Temp. 20.8.
10	29.919	73.9	82.0	66.5	....	Least daily range of Temp're, 8.4.
11	29.817	74.9	78.6	66.8	....	Mean daily range of Temperature, 14.5.
12	29.866	78.1	83.0	71.2	.09	Mean Daily Dew-point, 59.0.
13	29.911	78.2	87.0	74.5	....	Mean Daily Relative Humidity, 71.8.
14	29.962	78.0	87.4	72.5	....	Prevailing Direction of Wind, N. E.
15	30.179	70.8	77.6	66.6	....	Highest Velocity of wind and direction,
16	30.206	67.1	75.0	59.9	....	38. N. E.—11th.
17	30.162	70.6	79.4	62.5	....	Total Movement of Wind, 6025 miles.
18	30.149	74.9	83.1	69.7	....	No. of clear days, 21.
19	30.175	72.0	82.2	67.8	....	No. of fair days, 10.
20	30.222	71.0	78.8	66.3	....	No. of cloudy days, 0.
21	30.209	72.5	81.5	66.4	....	MEAN TEMPERATURE FOR THIS MONTH IN 1873.....68.2 | 1880.....68.0 1874.....70.4 | 1881.....75.2 1875.....67.3 | 1882.....73.3 1876.....67.6 | 1883.....75.4 1877.....70.2 | 1884.....74.4 1878.....70.6 | 1885.....65.8 1879.....72.4 | 1886.....69.5
22	30.123	73.2	82.8	66.0	....
23	30.066	72.2	82.5	66.5	....
24	30.133	72.5	81.5	65.5	....
25	30.170	72.1	80.8	66.2	....
26	30.193	65.6	70.1	61.7	....
27	30.183	56.9	63.3	53.7	....
28	30.134	52.5	61.0	45.3	....
29	30.203	56.5	65.1	49.5	....
30	30.284	59.3	69.0	51.1	....
31	30.248	60.0	69.5	53.5	TOTAL PRECIPITATION (IN INCHES AND HUNDRETHS) FOR THIS MONTH IN 1873.....1.89 1880.....1.88 1874..... 1881.....4.84 1875.....2.09 1882.....2.16 1876.....0.24 1883.....3.43 1877.....9.15 1884.....5.60 1878.....5.07 1885.....0.56 1879.....1.36 1886......22
.....	
Sums	22	
Means	30.101	69.5	

M. HERMAN, Sergeant Signal Corps, U. S. A.

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*Pan lum sepulture distat inertia
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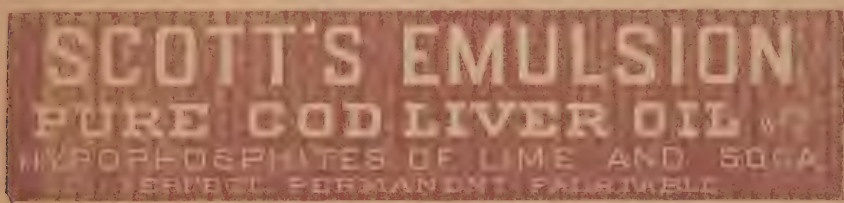
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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

JANUARY, 1887.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Observations on the Effects of Tobacco upon the Human Organism. ✓

By C. J. BICKHAM, M. D., New Orleans, La.

In offering a few remarks upon this subject we propose, *first*, simply touching upon its physiological effects; *secondly*, to observe some of its usual effects after toleration is established; *thirdly*, its tendencies and more remote effects; and *finally*, its important relation to medicine in practice.

The subject is so trite and familiar to everyone in and out of the profession, that it would seem almost obtrusive in me to ask attention to it; but it is so nearly connected with the health and welfare of individuals, and so directly related to our vocation, that its importance must serve as an excuse. The constituents of tobacco are much better given in works on materia medica and those on medico-legal inquiry than we could give them here. In fact, it is foreign to our purpose to speak of them at all, but what we shall say will be upon the effects of tobacco as a whole, whether by smoking, chewing, snuffing, quidding or dipping as a habit.

PHYSIOLOGICAL ACTION.

Upon the physiological question, before toleration is established "tobacco is hostile to all forms of life, whether of plants or animals," in a general sense. Our observations, however, will be confined wholly to its effects upon man. Its active principle, nicotia, is said to be little less deadly than prussic acid, and the effects of tobacco are the same, but less in degree. "Many cases of fatal poisoning by tobacco are recorded, some of them being due to its being swallowed purposely or accidentally; some to its being used medicinally in an enema, and some to its application to eruptions on the skin." When the habit is essayed, there is at first a burning, acrid sensation in the mouth and fauces, producing a redness of the parts with increased salivation, and there is a general nervous excitement. Persisted in, there ensues a feeling of giddiness and nausea, with indistinct vision and imperfect hearing, tingling in the extremities and want of perfect co-ordination; and later, relaxation of the muscles and great debility come on, accompanied with palor, clamminess of skin and vomiting. At the outset there is temporary acceleration of the heart's action with more frequent respiration, but quickly following this the pulse becomes slower and the breathing somewhat labored. The distress of the digestive system is marked. There are constant eructations and vomiting, and the bowels become gaseous with a desire often to go to stool, accompanied with an abundant secretion of urine. If a poisonous quantity has been taken, the symptoms deepen, and the shocking influence upon the system manifests itself by tremulousness of the muscles of the extremities, frequently followed by spasmodic action of them, and these spasmodic seizures may involve the muscles of respiration, producing death in some instances, by asphyxia. In cases of poisoning, death may ensue from paralysis of the heart, or asphyxia in the manner just mentioned.

TOLERATION OF THE POISON,

Many attempts are often made before toleration is established, and when it is it has peculiar allurements to its votaries. Smoking, chewing and snuffing are the chief ways of using it, and in the country some of the women are guilty of the loathsome habit of quidding, dipping and smoking, but all modes have a similiar effect. The primary, is an exciting, intoxicating effect, but this is soon followed in persons who indulge much by a sedative effect.

At first, after a chew, pipe or cigar is taken, there is in a few seconds a feeling of exhilaration, accompanied by a more frequent heart's action, from 10 to 30 or 40 beats in the minute above the standard, with an increase in the number of the respiratory acts, and the whole system realizes a kind of soothing half intoxicated feeling of self satisfaction and indifference, which wears off gradually after the tobacco is thrown away. If used very moderately in mild forms and at long intervals the sedative effect is scarcely perceived and the deleterious effects are not observed, but if used beyond this extent many perturbing effects are produced, measured by peculiarity of constitution and susceptibility. In a general way, and in any way used, tobacco affects the system somewhat as follows, particularly if excessively used; and for convenience and order we will mention the effects upon the head first, then upon the thoracic and abdominal organs respectively.

The head often aches and realizes a fullness and dizziness. There is a feeling of unsteadiness of gait, noises apparently in the head, and there are frequently hallucinations of hearing; the vision is affected to the extent sometimes of amaurosis, and facial neuralgia is not uncommon. It irritates constantly the mouth and throat, prodncing great salivation, and morbidness of taste. So great is the local irritation often, as to produce inflammation of the papillæ and follicles, amounting to laryngo-pharyngitis, and as a consequence huskiness of the voice and constant clearing and scraping of the throat, and cough. The œsophagus suffers also.

Descending into the thoracic cavity we have the heart, the great central organ of the circulation, the first to manifest the disturbing influence. In a few seconds after tobacco is taken, its *strokes* are increased from 70 (normal) to 90 or 100, or more to the minute, and its movements are such as to be visibly seen and felt by the individual, and the number of respirations, 18 or 20 to the minute (normal), are increased pretty much in correspondence. We not unfrequently have the heartbeats increased to 130 and even 150 to the minute, and irregular spasmodic contractions not only of the heart, but of the respiratory muscles, and accompanying this condition of things one gets "out of wind" easily, and on mounting one or two flights of stairs even, respiration is greatly hurried, and the individual "pants for breath." Descending to the stomach, we find, if possible, its greatest evil effects, because it strikes here at the source of all nutrition and deranges it immeasurably. It impairs the appetite and produces almost constant indigestion and gastralgia with its concomitant pyrosis, sympathetic palpitation and gastric cough. As a rule, just in proportion to the impairment of appetite and digestion does the flesh decrease and the pallor grow more marked. It also inclines to constipation, is a persistent diuretic and a decided antaphrodisiac. Under its excessive use, the whole nervous system becomes excited and exalted, resulting in a peculiarly seductive species of intoxication; hence its fascinating influence, and the difficulty of giving up its use, once acquired. By its effect upon nutrition, it impoverishes the blood, lessens the red corpuscles and deranges their organization, and by its profound effect upon the nervous system, it is quite reasonable to suppose that it favors the advent of paralysis. Its marked ill effects upon the whole economy are better shown in children and young persons. They almost at once from its use become anæmic, thin and bronzed in color, from its overwhelming influence upon the whole organism. Here we often see a robust, ruddy, active boy or youth suddenly checked in growth of mind and body, and more than like-

ly its demoralizing influence serves to license him to other vices. Its poisonous and benumbing influences are shown by stamping its youthful victim with a sluggishness of expression both of mind and body, and he is indifferent. He is more indolent and content to run in grooves, and resigned to inferior surroundings. He is not impatient to rise to a higher plane of thought and action, as he would be without it. The brain seems to be lulled and semi-dormant, and does not seem to be capable of that consecutive logical thought, and sustained mental effort that is its wont, and the memory, one of the most important attributes of the mind, is crippled and impaired.

If a young man is superior with it, he could reach much greater heights without it. Athletes and rowers at Harvard and Yale, and all over the world, when in training are not permitted to use it, so well is it known that it lessens physical ability and endurance. It has long been a matter of observation at schools and colleges that its votaries, as a rule, are laggards, and they are so not only because of its effect upon the mind, but also because it renders them physically disinclined and incapable of making the necessary effort to take the lead in their classes.

Perhaps I could not better illustrate its evil effects, especially upon some constitutions, than by giving an instance of the experience of a very intelligent patient recently under my observation who used it and left it off by turns. He used it by chewing only, and desired to quit it. He was conscientious, did not exaggerate, and showed himself frequently for observation. Soon after taking it he felt nervous, had headache, felt dizziness, with want of proper co-ordination; felt pain, definite and constant, in the stomach, with ever present acid eructations and pyrosis. He felt weak and listless with an inclination to stoop in walking and sitting. There was an evident lack of that elasticity and springiness about him, and buoyancy of spirit, which was characteristic of him without it. He felt tremulous and timid, and which is very important, there was an *indecision* about him and an

absence of quick positive opinions in matters, which he did not exhibit when not using it. There was an absence of appetite and relish for food, there was quite a diuretic effect and an acceleration of the heart's action, 20 to 40 beats in the minute above par, and this last would occur *invariably* in from 3 to 5 minutes after taking tobacco. He became tired and out of breath on the least exertion, and after ascending one or two flights of steps felt fatigued in the legs also, and would have to pause a moment.

There was a huskiness in his voice and almost a constant effort to dislodge mucus from the throat. There were noises in his head, apparently, and a general languor of mind and body, and if he took tobacco soon after eating the generation of gas in his stomach and alimentary canal was such that he was compelled to loosen his clothes for relief. There was no evidence of organic disease in this case, and at the risk of a little repetition, for which I beg pardon, I have given a careful statement of it as a typical one of many who use tobacco. On the other hand when he did not use it he had none of the unpleasant symptoms enumerated above, and was unconscious of the existence of a stomach as far as discomfort after eating was concerned. In fact, a feeling of youthful vigor returned, and it was positive to his mind as well as to my own that all the functions of both the body and mind were more alert and efficient. He was impatient to be occupied, whereas when using it time was *decoyed* and less effective work accomplished. This decoying of time is one of its chief effects, and next in importance to impairment of the health.

By the excitent effect of tobacco, weary nature may be spurred up for a moment in a sort of spasmodic way. It does not however act as a stimulant proper, for it depresses and weakens, but the celerity of its excitent or falsely stimulating effect is remarkable. In a few seconds after it is taken, its peculiar nicotine "aura" is felt, and owing to this it is often resorted to to arouse exhausted and sleepy nature in emergencies. In this condition the jaded forces should be permitted to gratify themselves and obtain their

own legitimate way of recuperation in sleep and the partaking of food, but instead of this they are often called on for more work, and the spur is tobacco, which is deceptive and in the end only adds to the weakness.

MORE REMOTE EFFECTS AND TENDENCIES.

Tobacco does not seem to be cumulative. It lingers only for a short time in the system, but longer if its user is inactive; hence it is less injurious to the active. Fortunately most of its effects are local and functional, but it has remote effects and tendencies, which it might be well to observe, and some of which would seem to favor strongly the idea of structural changes produced by it when long and excessively used. It is said that beyond question amaurosis is produced by it, and if so, there must be structural changes in the histological elements of the optic nerves, and perhaps in the brain itself.

As already stated, the memory, one of the leading components of the mind, is unquestionably affected by it, as also the mental capacity for sustained analytical research.

The constantly excited and congested condition of the mucous membranes of the mouth, throat and stomach often induces them to take on diseased action from the disturbed nutrition of these parts, and hence we cannot wonder that not only ordinary inflammation obtains in them, but heterologous formations as well, such as cancer, especially when there is a constitutional proclivity that way. We know that prolonged and aggravated functional disorders often do lead to structural changes, and besides those mentioned in the mucous membranes, no organ, with its appendages, suffers more or so much probably as the heart and arteries.

The heart suffers much from the effects of the rôle played by tobacco on the stomach and nervous system. It is constantly in a state of commotion. It beats rapidly and we know that all frequently beating hearts are weak hearts, and this condition of things is not favorable to proper nutrition and tissue building. Nothing is so favorable to this as the regular rythmical swell of the heart and arteries at

the normal stroke of 70 to 75 per minute, and nothing indicates so much real strength as this pulse rate. In this quickened heart the stroke is weak, and the amount of blood thrown into the arterial system at each beat is lessened, as a rule, just in proportion to the rapidity of the heart beats. Now what is the consequence of this?

On the heart and arterial system there is more work thrown and less power to work with. There is, if you will, a constant cardiac and arterial erethism. The heart itself is weak from disturbance of the nervous system, deranged nutrition, and too rapid working. It is liable to become hypertrophied by dilatation, with attenuated walls, and hence there is a sort of capillary stasis, functioning of the tissues is impaired and reparation of wounds and eruptions on the surface is retarded. Besides, there is a much greater amount of attrition sustained by both the heart and arteries, and they are liable to become diseased from this. It is not at all improbable that idiopathic aneurism as well as heart disease may not unfrequently be begun in this way.

The natural stroke, we will say, is 75 per minute in a state of quiet, which would give 4500 in an hour. Now, if increased 20 beats even in the minute, it would give 1200 additional strokes in the hour above the standard, and 28,800 above in the 24 hours. When we come to reflect upon this, it is an enormous additional amount of work thrown on this never ceasing organ, and we leave this part of the question to others to consider in all its possible pathological bearings.

Further, when we look at the nutrition of the heart itself, we find it draws its arterial supply not during the systole, but during the diastole, and hence the longer the diastole the better the heart is nourished. Looking a little closer, when we consider that the systole during the use of tobacco is 1200 times more in the hour than normal, even at 20 strokes increase, and the time taken for these beats is just that much taken from the heart's rest during which it draws its arterial pabulum, we can readily see how

the nutrition of the heart may be interfered with, and how from a want of proper functioning, its arteries, valves, or itself may take on morbid action, such as atheromatous degeneration of the coronary arteries and valves, or the muscular walls themselves become pale, weak and fatty, and thus become the origin of angina, or other form of organic disease. Confirmed constipation is one of the entailments of the long continued and excessive use of tobacco by torpor and dilatation of the bowel walls, and from this we often have impaction and serious disease, such as mechanical dysentery, and sometimes such obstruction as to lead to fatal inflammation. The kidneys, too, are not exempt from its deleterious effects. They are delicate filters for the secretion and elimination of the urine, and the constant teasing diuretic effect upon them by it, it is reasonable to suppose, may seriously impair their delicate structure, and lead ultimately to organic disease, such as nephritis in some form. A serious remote effect also is its profound influence upon the nervous system, especially upon the spinal and ganglionic systems; on the former, as shown by general nervousness and probably paralysis; and on the latter by deranged action of almost all the organs. And here we are reminded that there is great similarity between the effects of the excessive use of tobacco and alcoholics. A very common and peculiar effect of the former is to produce severe cramps in the body, especially in the calves of the legs in the night whilst in bed, and nervousness and nausea towards morning, just as excess in the use of alcohol does, and we think it unquestionable that the free use of tobacco, from its nauseating and depressing effects, invites and tends to the craving for stimulants.

RELATION TO MEDICINE, IN PRACTICE.

If what we have said is true, or approximates the truth, is tobacco not more detrimental and far reaching in the production of pathological conditions, and possibly, changed structures, than has been conceded to it? Furthermore, an important consideration, and the one mainly

why these thoughts on this subject are given, is the intimate relation this subject bears to medicine in daily practice. If it does not generate organic disease it produces many functional ones and aggravates immensely many diseases with which physicians have to deal. If it disturbs nutrition, it equally disturbs the normal action of remedial agents, and their effects are disappointing in practice. The excessive use of it, in fact, its use at all, invites phthisis pulmonalis by impairing appetite and nutrition, and after it is initiated the chance for the physician to do good is greatly lessened. Bronchitis, mouth and throat affections often baffle the efforts of physicians for the same reason. Of all causes of dyspepsia it is probably the most prolific, and while used remedies to relieve it are of poor avail. Heart diseases, aneurisms, and many others, are greatly aggravated by its use when they already exist. One of the most effectual aids in restoring a man's virility, and relieving him of seminal losses is to persuade him to leave off his tobacco, and then remedies will have a doubly good effect, and nature will do much in the restoration.

Syphilitic and other blood derangements are less successfully treated, owing no doubt to disturbed capillary action due to the enfeebled hearts' action and impaired vaso-motor influence.

The subject is one fraught with great interest to the country and profession, and we would suggest that hospitals would be fine fields to observe the comparative frequency and fatality of the diseases mentioned, and others, with an equal number of those who do not use tobacco. Children and young persons are the most seriously impressed by it. Vigorous manhood resists its inroads better, and again, the enfeebled powers of those in declining years bear it less well. Few finally and wholly relinquish the habit who have once acquired it, and in this, as in sanitation and hygiene of other kinds, to accomplish real and lasting good, public conscience and opinion must be educated, and children at an early age should be informed of its baleful influences when habitually used.

Ethyl Bromide in Ophthalmic Surgery. ✓

By S. LATIMER PHILLIPS, M. D., Savannah, Ga.

Formerly House Surgeon to Presbyterian Eye, Ear and Throat Charity Hospital,
Baltimore, Md.

In ethyl bromide we have a most thorough, safe and efficient anæsthetic when the state of anæsthesia is to be of short duration, and in the hands of a surgeon who is familiar with its administration.

It is peculiarly well adapted to the practice of ophthalmic surgery, where the bulk of operations are painful, but of short duration. Then its effects are so evanescent, and as a rule its administration is followed by no unpleasant symptoms which so often follow in the tracks of chloroform and ether; such as headache, nausea, vomiting, excitement, etc.

To one who has never seen this anæsthetic used, it is indeed surprising and pleasing in the extreme, to see how easily the patient is brought under its influence, the operation performed, and in a few minutes the patient restored entirely to consciousness, and able immediately to go about his business, unaware, but for being told, or the soreness consequent upon the wound made, that an operation has been performed; which otherwise than with an anæsthetic would have been most painful.

It is hard for me to understand how any thing so beautiful and marvelous in its effects, should be so neglected by the profession in general. It is true, death has been caused by its use, and all are more or less familiar with the cases reported by Drs. J. Marion Sims and Levis; the latter, one of its earliest advocates. In Dr. Sims' case the operation was an extended one—and it certainly is not well adapted for such—Battey's operation for the removal of the ovaries. The patient was kept under the anæsthetic for an hour and a half; she came from under its influence, but shortly died with symptoms of bromide poisoning. After death the tissues were permeated with the odor of the latter drug. Chemical analysis of a sample of the preparation used in this case was made, and it was found to be impure. Dr. Levis'

case—vesical calculus—was far gone in phthisis pulmonalis, a case, which, under ordinary circumstances, ought to have prohibited the use of any kind of anæsthetic.

I have used it hundreds of times in ophthalmic surgery and have seen it used as many more, and as yet have to see my first case of trouble due to the ethyl.

In all of these cases the anæsthesia was of short duration, and in the majority only one administration was required at the same sitting. In some of the more lengthy operations where the inhalation had to be repeated, I have seen vomiting follow, but where only one was required I cannot call to mind a single case of this.

When ethyl bromide is given by inhalation there is at first a short stage of excitement; the pulse quickens; the respiration increases in frequency; pupils are semi-dilated, conjunctivæ congested, as are face and ears, which remain so throughout the anæsthesia, as long as there is no danger. After a few strong inhalations have been taken the muscles relax; the reflexes are abolished, as is shown by touching the cornea, without spasmodic contraction of the orbicularis muscle following. The patient is now ready for operation, and one has to be quick, for this stage only lasts for half a minute or so in most cases.

The means I employ in the administration are these: A towel is folded in the shape of a cone, made to fit nicely over the nose and mouth, having previously laid a piece of thick paper between the folds of the towel to prevent any escape of vapor. The cone can be held in shape by one of the large pins generally worn by ladies to keep the bonnet secure, the point turned towards the apex of the cone to prevent it sticking the patient if the towel should be unduly pressed over the nose and face. It would be well at this point, in case the patient is an adult or child old enough to understand, to explain to them that the impression will be a choking one, but that they will not choke, and instead of struggling to get free, they must try and blow the napkin from the face, for making such forced expirations they are bound to take an inspiration and soon

get a goodly supply of the vapor. Children will cry; this is all the better, they will soon take in enough to be anæsthetized. A half, to a drachm and a half will be poured into the apex of the cone, and the latter applied over nose and mouth tightly. A few deep inspirations and the patient is gone.

Some patients will have stertorous breathing and foam at the mouth, this means, as a rule, that they are pretty well under its influence, but need not frighten one. In young children inhaling ethyl bromide, there will often be a relaxation of the sphincters, and an evacuation of fæces or urine. This can be provided for by having at hand a rubber blanket to put under the child and protect the couch. With this anæsthetic all operations that take only a short time can be done; such as slitting puncta, probing lachrymal duct, removal of tarsal tumors, optico-ciliary neurotomy, tenotomies of the recti muscles in children too young to bear the operation under cocaine, and adults too timid, and many other operations in ophthalmic as well as general surgery, which will readily be suggested to the mind of an apt surgeon.

I feel sure that any one after giving ethyl bromide a fair trial as an anæsthetic, in all cases where the operation is to be one that will not take much time and which without artificial sleep would be too painful, will agree with me that it is by far the most preferable known.

HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

UNUSUAL SUCCESS IN AN UNFAVORABLE CASE OF OVARIOTOMY.

Reported by GEO. H. NOBLE, M. D., Atlanta, Ga.

The point of interest for which this case is reported, is the unusually good recovery of a case with extensive adhesions in a person of a tubercular diathesis. Mrs. C. P.,

Monticella, Ga., average stature, emaciated, anæmic and feeble, tubercular diathesis pronounced. The tumor was of seven years' growth and had been tapped three years prior to its removal.

With the assistance of Drs. Taliaferro, Cotter, Wilson and Greer, I removed it through a four and a half inch incision, tied the pedicle with Tait's knot, returned it to the abdominal cavity, and after thorough cleansing, closed the wound completely. No drainage. The tumor might be called monocystic, though there were several very small cysts upon its outer surface. It weighed twenty pounds and held four gallons of characteristic fluid. It was very strongly bound down in the pelvis by numerous bands that it required great force to tear up, and was very extensively adherent to the abdominal walls, especially where it had been tapped, to the fundus of the uterus, to the bladder, and to the great omentum by less firm union. Many strong bands passed from side to side of the pelvic cavity, which had of necessity to be broken up before thorough couching and sponging could be effected. This gave rise to considerable oozing which it required time to stop. The pedicle at the base of the tumor was triangular, a little more than three inches wide, and very vascular. The greater part of the Fallopian tube was removed with the tumor. At no time did the temperature go above 100° F. or pulse above 96 per minute.

The wound was dressed simply with dry absorbent and antiseptic cotton (that I make myself),* and left untouched until I removed the sutures on the sixth and seventh days. The wound was completely adherent throughout and not a drop of pus or moisture was to be found—even the sutures were free.

I used the non-antiseptic ligature and suture. The only antiseptic used was a little carbolic acid in the first

* The cotton was glued to the abdomen by flexible colodion to prevent the admission of any germs or deleterious materials between it and the skin. On the second day there was some bleeding of the wound from vomiting, which the cotton absorbed completely, leaving the wound free to heal by first intention. Though this operation was not done under strict antiseptic precautions, I cannot deny their advantage, or may I say necessity? in this class of operations.

reservoir of water with which the cavity was douched. The second douche contained none, but the utmost cleanliness was observed in all the preparations, as well as in operating. The patient's room was thoroughly cleansed, white-washed, painted, the cracks on the floor puttied and a coat of varnish applied over all, and then fumigated. The after-treatment consisted of calomel and citrate of magnesia to move the bowels, and morphine to secure quiet and rest. Considering all things she made an unusually good recovery for she had practically passed the effect of the operation in a week's time, though not deemed fit for removal until the third week. During the latter part of her stay she suffered seriously of catarrhal fever but her final recovery was complete.

A CASE OF CEREBRAL HEMORRHAGE WITH CHEYNE-STOKES
RESPIRATION AS A PROMINENT SYMPTOM,

Reported by H. BAYON, Resident Student, Charity Hospital.
Service of Dr. Parham.

Charles Ostelier, a native of France, aged 79, had for years been very intemperate. On the 18th of October, at 7 o'clock P. M., after drinking a glass of wine, he fell unconscious. The ambulance was summoned. The students on duty found patient in a comatose condition; breathing stertorously; had convulsive movements in the upper limbs, especially the left. He was carried into Ward 19. The respiration was then of the character described as Cheyne-Stokes, or at least very nearly approaching it, viz.: A series of about twenty respiratory movements, of which the first were very shallow, the others gradually increasing in intensity, two or three being very noisy; then again gradually diminishing until complete cessation. The respiratory paroxysms lasted thirty-one seconds and were accompanied by puffing out of the cheeks, and clonic spasms of the left arm; there was then an interval of twenty-two seconds, after which the same phenomena would recur. The muscles of the four extremities were rigid, more especially however those of the left

arm, which was flexed with great difficulty; the left leg was more rigid than the right; the pupils were contracted and responded very little to light; the eyes and head had a tendency to turn to the right side. Pulse was full and bounding, beating at the rate of 130 a minute. The stomach, rectum and bladder were spontaneously evacuated. 1-60th of a grain of atropia was injected sub-cutaneously in two doses at one hour's interval, but as the character of the respiration was not altered, the injections were discontinued. A fly blister was applied to the nape of the neck, but with no apparent benefit.

Patient remained in the same condition for about 36 hours, during which he took tablespoonful doses of beef tea every hour. At 8 o'clock, A. M., on the 20th, muscular rigidity had much diminished; arterial tension very much reduced; pulse 140 per minute; Cheyne-Stokes respiration had entirely disappeared, breathing was stertorous but regular. At 3 o'clock, P. M., of the same day, patient died.

Mr. G. H. Lee, student assigned to the Pathological Department, reported the following result of post-mortem examination: Adhesions of the dura mater and congestion of all the membranes of the brain. Cerebral substance very soft. A very large clot, together with a great quantity of uncoagulated blood, were found in the right lateral ventricle, which was expanded by pressure of its contents so as to form a large and irregular cavity occupying almost the entire anterior two-thirds of the corresponding hemisphere. On the surface of the left hemisphere, beneath the arachnoid, nearer the anterior than the posterior extremity of the brain, there was an oval patch of coagulated blood about $2\frac{1}{2}$ inches long, and 2 inches wide. The fourth ventricle was examined and was found to contain a clot about half an inch in diameter. The cerebellum was very much congested, there was considerable hemorrhage into its sulci. The arteries of the brain had undergone extensive atheromatous degeneration.

A CASE OF EXTRA-UTERINE PREGNANCY.

Reported by ABSALOM PETTIT, M. D., New Orleans, La.

On June 16th, 1886, I was called to see Mrs. C—, of French descent. She looked anæmic and was suffering frequent though not very severe intermittent abdominal pains; her abdomen was much enlarged and a little blood was being lost from the vagina. On close examination, found two not very distinct abdominal tumors; the larger situated a little to the left of the median line and reaching above the umbilicus; the other and smaller tumor was located to the right of the median line and reached a little more than half-way to the umbilicus. A slight sulcus separated the two; both, particularly the larger, were hard and inelastic. Vaginal examination revealed a patulous os high up behind the symphysis and looking anteriorly. The post-uterine space was filled by the larger tumor in which I could detect no fluctuation. On enquiry I elicited the following history. Was married August 23d, 1883, at the age of twenty-one years; had always enjoyed good health and menstruated regularly from the age of thirteen years; her periods always lasted nine days. First child, a girl, was born Aug. 17th, 1884. Forty days after its birth, her menses returned and continued to recur regularly until November, 1885, inclusive; missed in December but returned in January, 1886; missed in February but returned in March and April; missed in May but returned about the 2d of June, when she lost more blood than usual and suffered intermittent pains. Becoming reduced in strength from loss of blood and pain, she took to the bed on the 9th of June and remained in bed until I was called in on June the 16th. With history and symptoms as just related, I could make no satisfactory diagnosis. Ordered continued rest in bed and small doses of morphine as might be required to relieve pain. Next morning, June 17th, found pains relieved and hæmorrhage checked. Saw patient again on June 22d; slight return of hæmorrhage and recurrence of pains whenever the morphine is discontinued; pulse frequent and weak, temperature 102° F., and bowels constipated. Or-

dered five grains of quinine every four hours, bowels to be moved by an enema and morphine to be given as occasion required. June 23d: temperature 102° F., looks haggard and has the appearance of fast losing strength. Ordered special assiduity in administration of milk and beef tea. On evening of June 27th, Dr. Pratt met me in consultation. In response to the usual question "what is the nature of your case?" I gave the history as obtained and the symptoms as thus far observed. Stated that I made no positive diagnosis, that, possibly, it was a case of subperitoneal fibroid, but that the idea of extra-uterine pregnancy had presented itself forcibly to my mind.

On making a physical examination, the doctor detected fluctuation in the post uterine mass and ventured the opinion that it was an hæmatocele. On calling his attention to the large size of the tumor, he said he had seen hæmatoceles of that size on two former occasions.

June 29th: Patient's general condition about the same; fluctuation in post uterine mass quite distinct; aspirated with hypodermic syringe; first aspiration negative, but the second brought out a syringe-ful of reddish offensive pus.

July 1st: Dr. Pratt saw patient with me to-day. With a large instrument we aspirated through the posterior vaginal wall and drew off a large quantity of the above mentioned pus; finally, thinking it best to make a free opening, incised the posterior vaginal wall and enlarged the opening by the insertion and forcible separation of three fingers. A still larger quantity of very offensive pus was thus discharged; syringed out the sac with a large quantity of warm carbolized water. In doing this a hard mass was detected in the sac and regarded, without careful examination, as a firm coagulum of blood. Washed out the sac again in the evening; inserting my fingers deeply in order to break up and remove the coagulum, I discovered the mass to be a fœtus of some size; temperature this evening $101\frac{1}{2}^{\circ}$ F.

July 2d: Dr. E. S. Lewis was to have been with us to-

day but failed to come; concluded to defer removal of foetus until to-morrow; temperature 101° F., pulse 106, bowels loose; slept badly last night but had no pain. Washed out the sac with copious disinfectant lotion. At 7, P. M., repeated the injection, large quantity of foetid pus and gases escaping; temperature 104° F.

July 3d, 9, A. M.: Temperature normal, pulse 123; washed out sac as before: 10, A. M.; Dr. Lewis removed with aid of placental forceps, a male foetus of about six months gestation; did not find it necessary to enlarge opening already made in the vagina. The foetus was wasted and shriveled but not decomposed. The Doctor explored uterus as well as the foetal sac and found the two entirely separate; the cord and placenta, which latter was unusually large, were left in situ. $2\frac{1}{2}$, P. M.; patient very weak with ugly pulse; washed out the sac. $6\frac{1}{2}$, P. M.; temperature 101° F., pulse 124; placenta is firm in texture and very strongly attached to foetal sac; washed out the sac again.

July 4th: Temperature 100° , pulse 106; washed out the sac twice to-day and inserted drainage tube; used both carbolic acid and compound tincture of iodine in wash and used it very freely.

Kept up this treatment the 5th, 6th, 7th, 8th and 9th, together with stimulants and forced alimentation.

July 10th: Drs. Lewis and Pratt met me to-day. Temperature 104° F., pulse bad, bowels loose and utter repugnance to all forms of alimentation. Placenta softening from decomposition: removed most of it piecemeal.

July 11th: Temperature 102° F., pulse 140 and diarrhœa continues; removed the last of the placenta to day. The same treatment was continued day after day, the foetal sac being washed out two, three or four times a day, as I could find time, by copious disinfectant lotion.

About the 14 of July, patient began to show decided improvement; pus became laudable, temperature subsided, pulse slowed, alimentation improved and strength began to return. I should have stated that after removal of the

fœtus, and more particularly after removal of the placenta, the uterus subsided to its normal position and returned to its normal size. The fœtal sac was thick and of cartilaginous consistence; its inner surface was soft and velvety. It gradually reduced in size and on the 27th of July, was about one or one and a half inches in diameter; its capacity was at that time so reduced as to only admit the first phalanx of the finger. The discharge gradually reduced in quantity and finally became more watery then purulent. Discharged the patient on July 27th, and she went to the country for further recuperation. Heard since that she was entirely well.

Should have stated that the site of the placenta was to the lower and outer side of the sac, in the recto-uterine fossa. I regard the case as the ventral form of extra-uterine pregnancy.

The most common symptoms of extra-uterine fœtation are irregular attacks of metrorrhagia, occasional discharge of decidua, and, in the earlier months, frequent attacks of severe pain and tenderness in the lower abdomen. Said attacks lasting from a few hours to several days at a time. The irregular attacks of metrorrhagia was the only symptom presented in this case; knowing that this sometimes occurs in normal pregnancy, patient did not suspect anything wrong in her case.

TWO LAPAROTOMIES FOR GUNSHOT WOUNDS OF ABDOMEN.

Reported by F. W. PARHAM, M. D., Charity Hospital.

Case 1. Joseph B., white, age 34, native of New Orleans, brought to the Charity Hospital in the ambulance about 3, P. M., September 26, 1886. He was carried immediately to the operating room, where I saw him a few minutes later. The patient was a short, spare man, evidently for some time past in very delicate health. He was pale, and showed signs of great distress; the pulse was frequent, small and compressible, the respiration rather hurried; the whole condition was one of severe shock. He stated that in an altercation, a little after 2 o'clock, P. M.,

he was shot in the abdomen by a man standing only a few feet away.

The ambulance surgeons reported that from the time of wounding to the time of his arrival at the Hospital was about half an hour.

Examination of the abdomen revealed a single wound, situated two inches to right of median line and two inches above Poupart's ligament. The pistol used was a 38 calibre. A probe introduced passed through the abdominal wall, though it could not be positively determined that it entered the abdominal cavity. The abdomen was hard from rigid contraction of the muscles. There were no physical signs of hæmorrhage in the peritoneal cavity. The drawers and shirt were stained with blood. The finger passed into the rectum was easily pushed on through a large opening with ragged edges into the bladder, which was quite empty. According to patient's statement he had passed no urine for three and a half hours previous to his coming to the Hospital, though he had made an attempt to do so.

In view, therefore, of the location of the wound of entrance and the direction of the ball, the length of time during which he had passed no urine, of the present emptiness of the bladder and the failure to find sufficient urine in the rectum or on the clothes to account for its emptiness, it was decided to make an exploratory laparotomy to examine the upper peritoneal wall of the bladder for a wound, through which the urine might have escaped into the peritoneal cavity. A median incision about three and a half inches in length was made below the umbilicus, and the cavity opened. A sponge introduced brought away neither blood nor urine. The intestines, only moderately distended, showed very slight congestion; and since the probe, in the track of the wound, failed to pass into the peritoneal cavity, the bowel was not turned out of the cavity. The operation-wound was closed, a drainage tube inserted in the track of the ball, another into the bladder through the rectum and the abdomen dressed antiseptically. The patient

only partially rallied. Despite the use of stimulants and careful feeding he gradually sank, dying about 11 A. M., September 28th, forty-four hours after the injury. The patient was evidently phthisical, and had suffered for some time of frequent nausea and vomiting, no doubt aggravated by a too free resort to alcoholic drink.

The autopsy was made about four hours after death by the coroner and assistant coroner, Drs. Finney and Jones. The peritoneal cavity contained a considerable quantity of sero-purulent fluid with fibrinous flakes and the intestines, intensely congested, were covered with inflammatory exudate. A small wound of a coil of small intestine to the right of the median line, not discovered during the operation, was found. The margin of the opening (through which fæcal matter could be pressed) showed extravasation beneath the peritoneum and other signs of injury by some contusing agent, indicating that it could not have been made by the surgical knife. A small valve-like opening directly below this wound of the bowel was found in the peritoneum covering the bladder. The probe introduced from without along the track of the ball passed through this opening into the peritoneal cavity. There was no other wound of the peritoneum. The track of the ball could be followed backward and to the left, passing obliquely between the bladder and rectum, tearing a large irregular opening between the two; without entering the bladder, it passed on through the left great sciatic notch and lodged in the gluteal region, about three inches to the left of the anus.

Commentary. Here is an instance of wounding of the bowel without direct penetration of the cavity of the peritoneum. The coil of bowel must have been in contact with the vesical peritoneum and the ball nicked it and passed on between the coats of the bladder. The bladder was opened only where it communicated with the rectum through the ragged opening. The bladder was clearly (since no urine was anywhere found) not distended at the time of the shooting. If an opening had been found where one was suspected, clearly the laparotomy gave him

his only chance. The failure to find any urine in the cavity and the apparent lack of communication between the track of the ball and the peritoneal cavity, as determined by the probe, led to the sewing up of the exploration wound without special search for wounded bowel.

CASE II. Christie B., age about 22 years, was brought by the ambulance to the hospital about midnight, Oct. 17, 1886. I saw him a few minutes later. The signs of severe shock were present. The history of the injury was as follows: While sitting on a curb stone he was shot in the belly by a man standing in front of him a few feet off; had been drinking considerably. The abdomen was somewhat distended and an indistinct feeling of fluctuation was detected. The wound was a little to the right of the middle line and two inches below the umbilicus. A probe (as suggested by Dr. J. B. Hamilton) was introduced into the wound and passed readily into the cavity. Some blood escaped from the opening. The facts were stated to the brother, who was present, and, his consent being obtained, ether was administered and the cavity opened by a four-inch incision commencing just below the umbilicus. As soon as the peritoneum was opened a profuse gush of blood took place and the cavity was full of it. The intestines were turned out of the cavity on aseptic towels and the source of the hemorrhage sought. This not being found after some search and fæcal matter escaping through seven wounds of the intestines, one involving more than half its circumference, it was thought better (especially since the bleeding was thought to be temporarily stopped) to sew up those wounds first. They were carefully pared and closed with the Lembert suture.

The operation wound was then lengthened upwards to about 6 inches and the bleeding point or points again sought. A small wound of the peritoneum in the right iliac fossa was discovered. There was marked extravasation under the membrane, but by this time the man was almost moribund and the bleeding had entirely ceased, so the iliac wound was closed by a suture, the operation wound was sutured and dressed antiseptically. The man was

taken to the ward, hot-water cans placed around him, digitalis and brandy freely administered hypodermatically.

He revived somewhat and became very much excited and noisy, necessitating the hypodermatic injection of morphia in quarter grain doses. He was somewhat quieted but gradually sank and died at 5:30 A. M. Autopsy made by the coroner about seven hours after death. Some congestion of the bowel, no recurrence of the hæmorrhage, all wounds of the bowels had been carefully sutured; extravasation in right iliac fossa, extending upwards some distance. The hæmorrhage came from a wound of the external iliac, which had been cut by the ball. The ball was lodged in the iliac muscle, there was some extravasation along the femoral sheath.

Commentary. This man died of hæmorrhage. It could not be determined how much blood was in the cavity; certainly there was a large quantity, for it poured out through the first opening into the peritoneum as if it came directly from the aorta. Without the enormous hæmorrhage the case would have been a favorable one, for the wounds of the intestine were easily found. In both these cases exploration seemed clearly indicated and was we think fully justified in each case by the autopsy. For the notes in these cases I am indebted to Mr. Lee and Mr. De Grange, of the resident hospital staff.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF VIRGINIA.

SEVENTEENTH ANNUAL SESSION, HELD OCTOBER 26, 27
& 28, 1886.

(Continued from last month.)

Prof. Parvin entered the hall as Dr. Moore ceased speaking, and Dr. Hunter McGuire arose and stated that several Fellows speaking during Dr. Parvin's absence were unable to reconcile the statement made by the learned Pro-

fessor, that while he believed that scarlet fever, diphtheria and erysipelas were the results of separate and distinct poisons, each one of which was capable by contagion of reproducing its own disease and no other, any one of them might, under certain circumstances, generate puerperal septicæmia.

How could scarlet fever for instance, which was capable of producing scarlet fever only under certain favorable circumstances produce septicæmia in the parturient woman?

Dr. Parvin replied :

In formulating his opinions as to the non-identity of the scarlet fever, etc., germ and the *associated* poison which causes puerperal septicæmia he would not be understood as stating facts, but only his belief.

The poison which produces septicæmia is often *associated* with that of scarlet fever, etc., and hence the appearance that the poison of the latter produced the former. The same micrococcus occurs in erysipelas as in puerperal septicæmia. It cannot be differentiated by the microscope, but can be by the effects produced.

While on the floor he would add to his remarks in the forenoon, in reference to *local treatment* :

Prophylaxis is most important, and he would insist upon the utmost caution in protecting the woman from every infected person or thing likely to be brought in her presence, especially her genitalia. He disapproves of frequent and unnecessary digital examinations, and so emphatic was he that he said : "it is better for an accoucheur to keep his hands in his pockets than continuously in the vagina."

He uses a 1 to 2000 or 3000 solution of corrosive sublimate as vaginal injection. When fever is on, 3 per cent. solution carbolic acid.

He earnestly advocates the use of the curette for the removal of all retained clots and fragments of membranes.

Dr. Temple wanted to know if a physician would be safe in going from a case of scarlet fever to a case of labor?

Dr. Parvin thought there was danger unless thorough antiseptic precautions were practised.

Dr. Parvin had been taught in his student days that P. septicæmia was not contagious, and it was not until he had practised for a number of years, and when a sad experience in the case of a friend, of successive fatal cases, convinced him to the contrary. He here related the circumstances associated with this fatality. He had performed a post mortem on a man's belly, afterwards attended cases of labor and all the women died.

Later in the discussion, Dr. J. S. Wellford, of Richmond, addressing himself to Dr. Parvin, said: You have spoken of cases of puerperal septicæmia which originated from the infection of scarlatinous, diphtheritic and erysipelatous matter as well as that from the purulent secretions of the male peritoneal cavity; now do you not think that it would be more logical to affirm that the condition of puerperality placed the woman in a condition in which the introduction of *any septic* matter might develop the disease, than to assume that the specific germ was always associated with such divers poisons as those mentioned?

Dr. Parvin said he did not think so, unless there were some abrasion.

Prof. Parvin was further interrogated by Drs. Dabney, Moore, Ashton, Lewis and others in this discussion.

Dr. Hunter McGuire, of Richmond, Va., protested against the cross-fire of questions to which Prof. Parvin was subjected. The subject under discussion which was a debatable one, was so far unsettled; and it was scarcely fair to expect an answer to the direct and categorical questions to which his friend was being subjected. For himself he thought there were many points which could only be determined by future observations; that it would require the combined experience of many observers to determine these mooted questions, and the personal observations of no man would be sufficient.

He believed that a woman after child-birth was a good deal like a woman after a surgical operation—they were

both liable to similar dangers. A very common danger in both is septic poison.

This septic poison is the result of fermentative changes in dead matter only. This dead matter may be a piece of placenta or extravasated blood. It is generally the latter. Fermentation taking place, we will suppose in a mass of extravasated blood produces inflammation and suppuration; and when a portion of this is absorbed, it produces constitutional symptoms which we call septic poison. Dr. McGuire does not believe that this clot should have access to the air in order to undergo these putrefactive changes, and produce blood poison. He had opened, as every other surgeon has done, abscesses which had followed contusions, where extravasated blood had undergone fermentative change and where air had no possible access, and had let out by incision fœtid pus, blood and broken down tissue.

Many a woman has puerperal septicæmia which may be explained in this way. The contusion during child-birth is often severe. We find blood extravasated in large quantities in the parts about the uterus and vagina—sometimes a great thrombus in the vulva, it may be without breach of mucous or cutaneous membrane, and under these circumstances if her general system is depraved, fermentative change may take place and end in septicæmia. He can readily see too, how the introduction of the poison of scarlet fever, erysipelas, etc., would render the unhealthy inflammation and suppuration all the more likely to occur; not that these diseases set up a distinct and separate poison, but provoke into greater intensity an inflammation already impending.

He thought it was important to distinguish between the septic poison which he described, and the process of infection. He did not think, from what he had heard to-day, that this distinction was always made. The latter process involved the living tissue—not the dead matter; and micro-organisms, parasitic in character, are developed. The names of Pasteur and Lister would go down to his-

tory to the latest generation ; the first, for his discovery of the micro-organism, which the air as a vehicle conveys to wounds ; and the latter for the changes he has wrought in practical surgery.

In midwifery, he thought, as in surgery, cleanliness was the most important thing to observe. Get rid of the blood, which, when dead and decomposing, is so dangerous. Dr. Parvin tells me that he will remove an ovarian tumor to-morrow, and I know that his greatest care will be to remove from the abdomen of the patient, as carefully as he can, every drop of blood which has escaped into it; and if this is impossible, to render aseptic any which is left, to prevent, if possible, its fermentation and putrefaction.

Under the call for reports on "Advances," Dr. J. F. Winn, of Richmond, Va., reported on Advances in Diseases of Children, and limited his paper to "Intubation of the Larynx in Diphtheritic and Membranous Croup as a Substitute for Tracheotomy."

After considering the difficulties attending tracheotomy and its high rate of mortality, he stated, generally, that the favorable results so far indicated that intubation would supercede tracheotomy in the conditions named.

Mentioning the recent modifications in the tubes, he described the manner of their introduction, and followed with the statistics as far as could be obtained, *up to the time of reading* his paper. These embraced the published reports of Dr. O'Dwyer's cases in New York, Dr. F. E. Waxham's in Chicago, and those of others.

A recent letter from Dr. O'Dwyer reports 50 cases, with recoveries 1 in 4. Dr. Waxham, in a letter of October 23d, 1886, reports to Dr. Winn 13 *new* cases, with 6 *recoveries*, which, added to his published cases, make a total of 96 cases, with 29 recoveries—30.20 *per cent*. One of these recently cured cases was an infant of 9 months. Dr. Waxham says, in his letter referred to: "I hope you will correct the impression that intubation is performed early. I have never known tracheotomy to be performed under more distressing circumstances than has intubation, from the first to my last patient."

Dr. Winn concludes his paper by citing eleven propositions in favor of intubation over tracheotomy, and expresses the belief that we have every reason to regard O'Dwyer's method as a great advance in the treatment of diphtheritic and croupous stenosis, and that we, as a profession, must not forget our indebtedness to Drs. O'Dwyer and Waxham for their labors in perfecting this operation.

Dr. Bedford Brown, of Alexandria, Va., read a paper on "A History of my Personal Experience and Observations in Treatment of Puerperal Eclampsia during 35 Years of Practice."

Dr. H. M. Clarkson, of Haymarket, Va., followed with a paper on "Chloroform and Chloral in Child-birth."

Dr. J. S. Apperson, of Town House, reported on "Practice of Medicine."

THIRD DAY—MORNING SESSION.

After the reports of Committees, the reading of Advances was continued.

Dr. Hugh M. Taylor, Chairman of the Section, reported on Gynæcology and limited his report to "Nervous Mimicry."

The first part of his paper discussed mimicry of diseased joints. Cases representing the differential diagnosis and varied phases of such mimicries and its intimate and important bearing upon the study and practice of gynæcology, were reported.

The second and most important division of the subject dwelt upon the part the mind and imagination play in the production and augmentation of gynæcological troubles and the influence of mind over mind in their cure. Encouragement was thought to be one of the most valuable remedial agents at the command of the gynæcologist.

The reporter took the position that if patients of a neurotic temperament could honestly imagine that they had a diseased joint and suffer as much; if they could present mimicry of pregnancy, tumors, aphonia, deafness, blind-

ness, paralysis, etc., that it was just as possible for them to concentrate their morbid impressions upon some of the pelvic organs and successfully mimic their common disorders.

He thought it was no easy matter always to say positively that the reflex phenomena associated with and in most cases attributed to ovaritis, etc., are due to changes in the pelvic and not in the digestive or nervous system.

This position he thought was sustained by the frequent occurrence of recoveries after Battey's operation had been advised, and he was satisfied that not a few such cases had been made the subject of Battey's operation where there was no necessity for it.

He had seen patients wearing pessaries who had no appreciable pelvic trouble; had seen others consigned to a life of invalidism because they imagined that they had womb disease.

He was satisfied that he had cured some such case by assuring them that their cases were curable by the administration of continuous and large doses of *encouragement*.

A number of cases were reported in which recovery followed an impression made upon the patients to the effect that they would get well, were getting well, and finally were well. He thought that in not a few gynæcological operations some of the good resulted from the stimulus of hope infused by representations of the benefits to follow the operation.

Dr. Jacob Michaux, of Richmond, Va., then read his report on "Advances in Obstetrics."

He first noted the rhythmical contractions of the gravid uterus, a sign first pointed out some time since by Mr. J. Braxton Hicks, of London. Mr. Lawson Tait declares it to be a more certain one than any other, and it can be appreciated by laying the extended palm *gently* upon the abdomen of the patient when there will become perfectly apparent alternate, rhythmical contractions and relaxations of the uterus, by which at one time it will be "hard as a cricket-ball, and at another, soft as a cushion." The reporter next described Hagar's sign of pregnancy.

Dr. E. H. Grandin says that this condition is the most reliable of the earlier signs and consists of the increased transverse diameter of the womb as revealed by bi-manual examination and by rectal touch.

Electricity as an oxytocic was next noticed and its method of application fully described.

The treatment of puerperal fever is claimed to have been improved by the use of antipyrine to reduce temperature. Prof. Mundé is quoted as believing that this drug owes its value to its action as a sudorific. He also advises the use of the cold water coil over the abdomen to reduce local inflammatory action.

The use of the curette to remove decomposing secondines, and to be followed by antiseptic douches, is found to be proper and safe.

Dr. John S. Apperson reported on "Practice of Medicine."

Dr. John Grammar, of Halifax, C. H., read a paper on "Some of the Obstacles to the Progress of Therapeutics." After citing the want of agreement as to the true nature and action of calomel and quinia as instances of the difficulties in the way of therapeutical progress towards definite and fixed principles, he defined those obstacles as natural and artificial. The natural due to the inherent difficulties of the subject; the artificial to carelessness and inaccuracy of observation, fallacious reasoning and thoughtless inconsistencies in practice. As the most important instances of the latter, he dwelt upon the too little reliance on the powers of nature and too great dependence upon the resources of the *Materia Medica*. He then took up successively, subservience to authority, indiscriminate acceptance of authorities, adherence to routine, disregard and ignorance of the antagonistic modifying and adjuvant action of medicines upon each other, upon the subtle variances of the system in health and disease, and upon the various articles of diet, then the subject of diet itself; and lastly, he made a brief allusion to the sexual instinct and relations as too much ignored, both in diagnosis and treatment.

Dr. Otis F. Manson, of Richmond, Va., by a special request of the Society made two years ago, presented an exhaustive and scientific paper on "*Malarial Hemorrhage*." Dr. Manson traces the history of hemorrhage as a phenomenon in connection with malarial fever, from the time of Hippocrates to the present day. He gives, in an elaborate way, the facts relating to its seat, frequency, mortality, type, diagnosis, prognosis, anatomy and treatment. From the facts gathered by him he endeavors to prove that hemorrhage has never, until recently, been regarded as a prominent and diagnostic symptom in malarial disease; that with the single exception of epistaxis, a common result of arterial tension in many diseases and even conditions, such as plethora, that hemorrhage from vital organs in malarial disease has been a rare occurrence and considered, generally, as an anomalous event; in short, malarial intoxication has never been classed among hemorrhagic diseases until within the latter half of the present century. The scene has now changed, and the kidneys, heretofore exempt, now play the most important role in malarial fever, and the so-called *Malarial Hæmaturia* has assumed a fearful interest from its frequency and fatality. Before 1850 the number of cases can be counted on one's fingers, whereas since that time it has appeared almost simultaneously from the western boundaries of our own country to the distant land of Oriental Africa, as a sporadic, endemic and epidemic disease.

Some idea of the magnitude of Dr. Manson's paper may be gleaned when it is stated that the facts presented and conclusions drawn have been obtained by a perusal of the works of nearly every distinguished authority on malarial disease to be procured in America or in Europe.

Malarial Hæmaturia is discussed at great length, and the various methods of treatment are related. He expresses, in conclusion, the hope that his contribution may stimulate others to investigate the subject more fully, in order that its pathology may be perfected and its therapeutics improved.

Dr. A. Z. Koiner, of Roanoke, made an exhaustive report on hygiene and public health.

Under this section, Honorary Fellow, Dr. J. Herbert Claiborne, of Petersburg, Va., read a volunteer paper on school hygiene with the specific title of "The Bodies of our Children." The society expressed its appreciation of this paper by unanimously adopting a resolution requesting the superintendant of public education of the State to have published and circulate this paper among the parents and teachers of Virginia.

Dr. M. A. Rust, of Richmond, Va., contributed a paper on the "*Etiology of Zymotic Diseases.*" In this paper which forms a continuation of his last year's contribution on the same subject, Dr. Rust dwells on the importance of a study of bacterial life in general, in order to arrive at a better comprehension of the specific pathogenic microbes. He gives striking illustrations of the life history of bacteria; of their physiological and chemical action; of their ubiquity and tenacity of life; he quotes an example of an Egyptian mummy in which bacterial life had probably remained in a dormant state for thirty-two centuries; he discusses the important question of the *constancy* and *inconstancy* of bacterial forms; he finds the theory that the pathogenic microbes originate from transformations of the common bacteria not sufficiently sustained by facts, nor in harmony with clinical phenomena. He admits that once upon a time the pathogenic microbes must have been evolved from the common bacteria, and thinks it reasonable and warrantable to place the evolution of the microbes of human diseases at that remote past, when human civilization, by its concomitant accumulation of filth, begun to prepare for them the fit medium; the same medium still continuing to form the fostering ground for their development. He considers the crowded houses of cities, constructed, as it were, to exclude air and sun, the great nurseries of bacterial life. All food kept in the stagnant, vitiated air of such houses, in summer time, must necessarily be contaminated; he regards not blessed sunshine, but food, especially milk, thus contaminated, as the prime cause of the great mortality of infants from dis-

eases of the alimentary canal, during the hot summer months. Dr. Rust does not finish his theme, but promises a third paper on the same subject.

Dr. W. W. Parker, of Richmond, Va., read a paper on "Christian Burial vs. Cremation," in which he took the ground that cremation was not a sanitary necessity.

Dr. Joseph A. White, of Richmond, Va., read a paper, entitled "Results of Clinical work at the Richmond Eye, Ear, Throat and Nose Infirmary, with Practical Remarks." As time did not permit the reading of the paper in full, he referred only to the eye work, of which he reported 3729 cases, of which 2857 were diseases of the anterior portion of the eye and which he claimed ought to be diagnosed and treated by any practicing physician without reference to a specialist.

Among these cases, corneal diseases predominated over any other class and were especially frequent among the negroes. One fact of special interest in regard to this race was the fact that in the large number of cases presented and in as many more in private practice not included in the report, Dr. White had never seen a case of trachoma or granular lids among them, corroborating a similar statement of Dr. Burnett of Washington. He gave the result of his experience as to the treatment for the commonest affections of the eye, such as blepharitis, purulent ophthalmia, including ophthalmia neonatorum, phlyctenular ophthalmia, etc.

In speaking of *errors of refraction*, he referred to the increase of nearsightedness among children from imperfect school hygiene, and to the grave importance of proper management of such cases, in regulating these studies, adapting glasses etc.

The operations performed on the eye in the institution were 1227 in number.

There were 102 extractions of cataract. All were successful in restoring useful vision (results 20-20 to 5-200), *except one* case which had partial atrophy of the optic nerve resulting in complete atrophy. Four of the 102 were

over 80, and 32 between 70 and 80 years of age, and all made good recoveries.

Most of the cases were operated on with an iridectomy, and a few without.

Dr. White was of the opinion that extraction without iridectomy was not applicable to all cases as some recent writers seem to think. He also laid stress on the method of opening the capsule and otherwise entered into details of his mode of operating.

He has tried Dr. Michel's method of dressing in *nine cases* i. e. dispensing with bandages and wadding altogether and using only a small piece of gold beater's skin plaster to retain the lids closed, and concludes that it is not suitable to childish or intractable patients although he was much pleased with it in docile and tractable cases.

Cocaine has been used in about 50 cases of cataract extraction, and other operations aggregating several hundred, and although 2 per cent, 4 per cent and 10 per cent solutions have been used with great freedom, he has never had any ill effects from it, beyond a dryness and abrasion of the epithelium of the cornea. He always dissolves it in a solution of bichloride of mercury, 1 to 5000 and has never seen ulceration of the cornea from it. His cataract extractions when it was used have all resulted favorably, and he thinks it hardly fair to cocaine for oculists to ascribe their failures to that drug as seems to be the fashion now. Of course, a bad preparation of cocaine, a decomposed solution, or an idiosyncrasy on the part of the patient may one or the other be the cause of harmful action of the drug, but such instances would be rare. He congratulates himself that he, as yet, has not had any such experience.

Dr. Chas. M. Shields, read a paper entitled, "Experience with Some of the More Recent Suggestions in the Field of Ophthalmology." Taking up first the method suggested by Dr. Hotz of treating granular lids by the process of squeezing out the contents of the trachoma follicles, he described the way of accomplishing it with the thumbs or forefingers of both hands; but preferred to use

for the purpose, a pair of forceps designed by Dr. C. H. May. They consist of two short blades, having their extremities expanded into an elliptical shape and curved to correspond with the shape of the tarsal cartilages. The edges are rounded. After the lid is everted one blade is passed between the lid and the eyeball and the other over the everted mucous membrane. Steady pressure squeezes out the contents of the trachoma follicle and very materially hastens a favorable result. He uses nitrate of silver or other astringents in conjunction with it.

Dr. Shields very warmly advocated the use of massage in hastening absorption of opacities of the cornea, and expressed surprise at its not having been more generally used. It is executed by placing one or two fingers over the closed upper lid and making a rotary motion of the lid over the cornea for two or three minutes, and repeating it every day or two.

The method of dispensing with bandages and dark rooms in the after treatment of cataract operations, and the substitution of a strip of isinglass plaster to unite the lids for the bandage, was favorably commented on. In addition he suggested dispensing with the usual four or five days' confinement to bed and in proper cases allowing more latitude in the matter of sitting up where such confinement is very irksome to the patient, and might occasion indigestion and lessened vitality.

He discussed the use of the actual cautery corneal probe in crescentic or obstinate ulcers of the cornea and advised its cautious employment.

Dr. Phillip Taylor, of Richmond, Va., read an article on "Evisceration of the Eye," with the insertion of the glass sphere within the sclerotic, mentioning its advantages; also reporting three operations with successful results. Especially was the operation mentioned in connection with sympathetic ophthalmia, which disease was alluded to and described according to the now prevalent theories. The operation was described, and especial emphasis was laid upon the fact that the contents of the eye ball should be

very thoroughly taken away, and washed with a large quantity of some antiseptic solution before the glass sphere was stitched in the sclerotic sac.

Dr. J. S. Stone, of Lincoln, Va., under the section of Psychology and Neurology read a paper on "Cerebral Localizations," which gave evidence of great research and study.

Under the head of new business, Dr. C. W. P. Brock offered a resolution which provided for the appointment of a committee to consider the subject of a "State General Hospital." The following is the report of the committee:

"That it believes the establishment of such a hospital will be of very great benefit to the suffering poor in the State and to the general interest of the profession throughout the State, and recommend:

"(1) That the above mentioned hospital be located in the City of Richmond.

"(2) That the following gentlemen—Drs. J. Herbert Claiborne, George Ross, Herbert M. Nash, R. W. Martin and Benjamin Blackford—be appointed a committee to draft a suitable bill to be laid before the next session of the General Assembly of Virginia, and to take such steps as may be necessary to secure its passage.

[Signed]

"C. W. P. BROCK,
Chairman."

After a spirited debate, a vote was taken on a substitute which had been offered by Dr. Dabney, that the word "Charlottesville" be substituted for "Richmond."

This substitute was lost, and after various motions and substitutes relating to locality, the society adopted the report of the committee, with this change: "That the above mentioned hospital be located in the city of——."

Dr. J. S. Stone was elected from the State at large to fill the vacancy caused by the resignation of Dr. W. C. Dabney, who fills a chair in the University of Virginia.

A number of other volunteer papers were presented and for the want of time, were "read by title" only and referred to the publishing committee.

ELECTION OF OFFICERS FOR THE ENSUING YEAR.

Dr. Bedford Brown, of Alexander, was unanimously elected President for the ensuing year; First Vice-President, Dr. Alexander Harris; Second Vice-President, Dr. Herbert M. Nash; Third Vice-President, Dr. L. Ashton; Recording Secretary, Dr. Landon B. Edward; Corresponding Secretary, Dr. John F. Winn; Treasurer, Dr. Richard T. Styll. Dr. William S. Christian, Orator for next year. Dr. Hunter McGuire to lead general discussion, "School Hygiene," for the ensuing session.

The society meets next October at Richmond, Va.

The State Medical Examining Board which held its fall session during the term of the meeting of society, elected Dr. H. Grey Latham, of Lynchburg, as President to fill the place of Dr. Dabney, also resigned.

CORRESPONDENCE.

PARIS LETTER.

(From our Regular Correspondent.)

THE PARTIAL RESPONSIBILITY OF THE INSANE.

At a meeting of the Academy of Medicine, M. Ball made the following statement concerning the partial responsibility of persons mentally affected: He prefaced his observations by saying that a recent trial in France had again drawn the attention of magistrates and judges to a question which has always opened up much controversy, viz: the moral responsibility of the insane. A great number of persons mentally affected retain a certain degree of intelligence and, to a certain extent, are guided in their actions by the same instincts and motives as those in full possession of their reason. Thus the same principles of common law may reasonably and in all justice be applied to them.

How then is partial or limited responsibility to be defined?

Apart from criminality, no one thinks of contesting the moral responsibility of the insane, especially when the question is *reversed*, if I may so express it. Men of the greatest genius and celebrity have shown indubitable signs of mental alienation, but this fact has never been utilized to diminish their merit or to deny them the gratitude we owe them. Newton founded the system of the World, notwithstanding his having passed through a phase of insanity. Auguste Comte was no less a great philosopher for having been temporarily sequestered in a madhouse. If then lunatics are open to approval or praise, are they not equally open to censure and should neither condemnation nor punishment be ever allotted to them?

There is therefore nothing absurd, as has been affirmed, in the assertion that there exist *criminal lunatics*. Without wishing to shake the foundations of law, it is permissible to state that an immense work has been accomplished in human minds, and the axis of the moral world displaced. The ancient idea of responsibility is substituted by the more modern and more physiological notion of individual predisposition. And without wishing to assert with a celebrated alienist that all criminals are lunatics, at least we find an increasing tendency to consider them as a *res*, apart. Great saints, great heroes, and great criminals, said Prof. Benidickt, in London, are beings outside the ordinary run; they constitute a complete anomaly in human nature.

From the point of view of public utility, M. Ball remarks that if the doctrine of the irresponsibility of the insane, upheld by a considerable number of men in authority, and taken up by modern observers, were to have the support of the law, singular privileges would be suddenly conferred upon a whole class of individuals, more numerous and more dangerous than is generally believed. The outcast, the vicious, the eccentric would never want for doctors ready to rank them among lunatics.

The justification of punishment lies in its negative power. It is justified by the feeling of fear it inspires in ill constituted organizations; it is a barrier of defense raised for the protection of honest individuals who have also some claim to the sympathy of the legislator.

There does not exist a *phrenometer* (according to the ingenious expression of M. J. Fabret) for measuring the degree of responsibility that each individual of this category may lay claim to. And then, is it not apparent that the same reasoning may be applied to ordinary criminals, and that in order to satisfy logic, all punishment must be suppressed; there certainly exist lunatics, who, without possessing a complete notion of good and evil, yet have a very clear perception of the dangers they may incur of being subjected to penal repression.

M. Ball concludes in favour of the doctrine of moral responsibility.

OSSEOUS GRAFTING EMPLOYED IN CASES OF LOSS OF SUBSTANCE IN THE SKELETON.

At the French Congress of Surgery, M. Poncet stated his opinion that it would be possible to reconstitute a destroyed bone by means of osseous grafting. It is not after cicatrization that grafting must be expected to succeed; it is at an anterior period, when the healing of the wound takes place, that bony grafts are surrounded by favorable conditions. M. Poncet then cited the case of a child of eleven, from which, after osteomyelitis, a long sequestrum of the tibia had been removed. This sequestrum measured twenty-five centimetres long. One month after the operation the first attempt at grafting was made. The fragments were taken from a newly born infant which had just died. The treatment was as follows: the antiseptic dressing, the limb maintained immovable by plaster splints, complete quiet. Twelve days later a fresh dressing. There was slight suppuration. New grafts composed of four osseous fragments were then obtained from a young kid. These grafts were impacted in fleshy buds. Only one was eliminated. Six months after the operation there was a

solid bony mass of thirty centimetres, the child became strong and able to walk. In order to ensure the success of bone grafting it should be effected during the period of new formation of tissue, previous to the healing of the wound.

HYSTERICAL ANURIA.

In an important work by Dr. Rossoni, on hysterical anuria accompanied by secretion of urine by the stomach, he says that anuria is not a rare symptom in hysteria. This anuria results from a physiological change of the functions of the human organism, the nature of which has not been ascertained. With hysterical patients having anuria, the stomach may be the receptacle of a more or less abundant secretion of a liquid presenting all the physical and chemical properties of urine. Urinary secretion of the stomach may cease and yet not be carried on by the kidneys. Complete anuria may last for two months.

Pilocarpine may in some cases hasten the resumption of renal functions; with some hysterical patients pilocarpine occasions in the salivary glands, the secretion of a liquid presenting the same chemical properties as urine. Urea artificially introduced into the circulatory system in cases of hysterical anuria where there is no secretion of urine by the stomach, occasions uremic symptoms. On the contrary, urea may with impunity be introduced in doses of 16 grammes in case of hysterical patients, subject to vomiting urine. There is no analogy between hysterical anuria and uremia in nephritis, or from the absence of the kidneys after nephrotomy, or from ligature of the ureters.

LOBULAR PNEUMONIA.

At a recent meeting of the *Société Médicale des Hôpitaux*, M. Renault read a paper on a case of lobular pneumonia. Crepitating râles and murmurs were heard three times successively in the right lung and once in the left one. M. Renault rejected the hypothesis of pulmonary congestion and bronchial pneumonia; the progress of the disease and the suddenness of defervescence were incom-

patible with it. M. Rendu suggested that it might be localization of influenza in the pulmonary organs; facts concerning serpiginous pneumonia have long been known. M. Renault replied that he was convinced that there existed distinct areas presenting lesions characteristic of pneumonia; they were separated by zones of healthy tissue free from any morbid stethoscopic sounds.

ON THE INJECTION OF GASEOUS MEDICAMENTS IN THE
RECTUM.

M. L. Bergeron communicates the following notice on this subject to the Academy of Sciences.

This therapeutic method is based :

1st. On the physiological principle established by Claude Bernard, that the introduction through the rectal passage of substances, even toxic, offers no danger as long as pulmonary elimination is not interfered with.

2d. On the fact observed, that a current of carbonic acid gas may be introduced into the intestinal passages without inducing any disorder, if the injection is effected under the conditions required.

This method has been adopted in several cases. The following result was obtained in pulmonary phthisis. After having tried a number of so called parasitidal or antiseptic balsamics, the preference was finally given to sulphurous mineral waters.

A current of from four to five litres of carbonic acid gas, traversing from two hundred and fifty to five hundred grammes of sulphurous mineral water (Eaux Bonnes, Allevard, Saint Honoré, Challes) is introduced through the rectum, twice in twenty-four hours.

After a few days' use, a decrease almost resulting in the total suppression of the cough was noted, and a considerable diminution in the expectoration, both as regards quantity and quality; cessation of sweating, improvement in the general condition, and that not alone at the early stage, but also in confirmed phthisis. The daily auscultation testified to the progressive disappearance of humid râles.

PAPILLOMA. TÆNI ANANA.

At a meeting of the Biological Society, M. Blanchard presented a lizard attacked with papilloma on the back; the tumor was probably of acarian origin. At the same meeting M. Blanchard described tæni ana. This parasite is but seldom met with. Leuckart and all other writers have made an incorrect statement, who have said that the head is invaginated. Such is not the case, as the head is evaginated, but a few muscular fibres which extend behind the rostrum, can, during contraction, draw it backwards, and so form a cavity; but this cavity is not the head of the animal, but contains it. The rostrum cannot be inverted; this is impossible and is a general law equally true of all other worms.

NEW INSTRUMENTS.

M. Renault, of Paris, presented two instruments at one of the meetings of the Congress at Nancy. One apparatus called an inspiring injector, allowing the aspiration of any morbid liquid to be immediately followed by a medicinal or antiseptic injection into the cavity with which the instrument is connected; a second apparatus called a stomach douche, can be adapted to the first named instrument, and the washing of the stomach can be effected with the smallest quantity possible of liquid. The advantage that these instruments offer is the facility with which the stomach can be cleansed without being dilated, which formerly could never be accomplished.

At a recent meeting of the Biological Society in Paris, M. Malassez, presented a series of instruments consisting of firstly, a colorimeter, secondly, a glass cylindrical receptacle for spectroscopic examination; thirdly, a warm stage; fourthly, a heating plate for warming preparations. M. Mallassez drew attention to the advantages of lighting by means of naphtha-carbol, which he considers should be more frequently used in laboratories, on account of the light being white, and emitting only a slight amount of

heat, at the same time burning steadily and never flickering. At the same meeting, M. Boucheron made a statement concerning his investigations on microbes in chalazion. He cultivated them and reproduced with them experimental tumors ; in weak animals he has sometimes observed lesions of the kidneys.

A NOTE FROM ATLANTA

(Our Regular Correspondent.)

Here is an item or two of medical news from our city which may interest your readers.

A few days ago Dr. W. T. Westmoreland operated upon a large fibro-cystic tumor of the superior maxilla. The enlargement was in an upward direction, forcing the eye forward and out of the orbit something more than an inch. It displaced the nose also a little to the opposite side. The disease began in the antrum. Dr. W. removed about half of the outer bony wall of the tumor, and extracted its contents with his fingers. The hæmorrhage was very severe. The remaining portions of the outer wall were brought together, and the wound closed, after the floor of the orbit had been broken down by the fingers and the eye replaced. The (reduced) cavity is filling with healthy granulations.

Drs. Cooper and Nicholson recently encountered a case of alarming hæmorrhage from laceration of the hymen in first coitus. The flow of the blood was checked by an iron solution.

On the third of December, Dr. Battey, who is an honorary member of the Atlanta Society of Medicine, delivered before that body an interesting address, giving the history of his operation, its successes and failures, the public feeling toward it, and a horoscope of its future.

In the annual report of the Georgia Insane Asylum (just out) the superintendent of that institution gives to the public a new disease, "*chronic exhaustion*." An inmate appears to have died from this malady. Just what it is we

do not know, but might think it a very severe case of laziness, had not the patient been insane.

Since his indictment and arrest for "assault and battery" for obtaining skin for grafting from a small boy, Dr. Wile confines his "source of skin" for this purpose strictly within the limits of the medical profession.

Dr. Taliaferro has received many compliments upon his recent paper, "The Intra-Uterine Packing," etc., etc., from some of the most distinguished members of the profession in America.

One of the best remedies that I have ever used for nausea and vomiting in acrid conditions of the stomach with bilious or green vomit, is the old reliable creosote (gtt. $\frac{1}{2}$) rubbed up with bicarbonate of potassa c. p. (grs. 10 to 15) and water \mathfrak{z} i. Use only the *best English creosote* and allow nothing else to go into the stomach, and if this fails I believe the vomiting will continue until the bowels have been thoroughly evacuated.

COMMITTEE ON SCIENTIFIC REPORTS AND ESSAYS OF THE STATE MEDICAL SOCIETY.

To the Editors of the New Orleans Medical and Surgical Journal.

GENTLEMEN:—I have postponed until now submitting plans for the Committee on Reports and Essays of the State Society, because I thought it best to begin this work a few months before the time of meeting and to *push* it with all the vim and zeal at our command.

I assure you on the part of the Committee that we will urge its demands, and request the coöperation of your valuable JOURNAL.

After careful consideration of the many plans that have suggested themselves to my mind I have concluded to adopt, as you suggested, the plan of last year, as organized by the efficient Chairman of the Committee, Dr. J. J. Lyon, viz: the division of the Committee into three sub-committees on Medicine, Surgery, Gynæcology and Obstetrics.

At your request I herewith submit for publication the following sub-division of the Committee.

COMMITTEE ON SCIENTIFIC REPORTS AND ESSAYS: I. J. Newton, Jr., M. D., Ch., Bastrop.

SUB-COMMITTEE, No. 1: On Medicine (including Mat. Med. and Therapeutics) and Physiology—

T. Hebert, M. D., Chairman, New Iberia; W. W. Lessley, M. D., Church Point.

SUB-COMMITTEE, No. 2: On Surgery (including Ophthalmology and Otology), and Dental Science—

H. D. Bruns, M. D., Chairman, New Orleans; W. L. Dickson, M. D., Dickson's Cross Roads.

SUB-COMMITTEE, No. 3: On Obstetrics and Gynæcology—

W. D. White, M. D., Chairman, Abbeyville.

The especial duty of these sub-committees will be to secure papers on the various topics embraced under their respective headings, giving name of writer, his address, subject of paper and probable length of time in reading, to be reported through the chairman, to the Chairman of the Committee on Reports and Essays, *not later than March 10th, 1887.*

These sub-committees should at once enter into communication with members interested in these special branches and obtain from them promises of papers for the next annual meeting.

I have written to the Recording Secretary requesting him to obtain the consent of the President, to have printed postal cards for use of sub-committees as suggested through your JOURNAL.

Again assuring you that the whole profession of the State shall be canvassed thoroughly in order to procure papers for the coming meeting at Alexandria, and hoping that your expressed wish that the next meeting may be the most brilliant and useful in the annals of the Society will be realized, I have the honor to remain,

Yours respectfully,

I. J. NEWTON, JR., M. D.

LEADING ARTICLES.

THE COMPARATIVE FREQUENCY OF ORGANIC STRICTURE OF THE MALE URETHRA IN THE WHITE AND COLORED RACES.

There appeared in the *New York Medical Journal* of November 13th, a very interesting article on this subject by Drs. McIntosh and Carter, of the Marine Hospital of this city. The article, based as it is on cases carefully tabulated, deserves, we think, some notice at our hands.

During an extended practice among a mixed venereal clientele of whites and negroes, the writers have been struck by the "comparative rarity of stricture of gonorrhœal origin among full-blooded negroes." Traumatic stricture, in their experience, rare in the white race, is quite common in the negro; "indeed," they say, "half, or nearly half, of all cases of stricture met with in the full-blooded negro is caused by traumatism." The writers then present several tables to prove this alleged immunity from stricture of gonorrhœal origin in the negro. The two races seem equally obnoxious to gonorrhœa, but the "course of gonorrhœa in the negro is undoubtedly milder and more amenable to treatment" than it is in the white man. Table I shows in 298 cases of gonorrhœa in white men, 68 strictures, or 1 stricture to $4\frac{1}{2}$ gonorrhœas; in 154 in the negro race 12 strictures or 1 stricture to $12\frac{1}{2}$ cases.

Table II shows as follows: White, 120 gonorrhœas, 15 strictures, or 1 to 8; negroes, 23 gonorrhœas, 1 stricture, or 1 to 23. In table IV are tabulated 2850 cases of gonorrhœa in the district of the Great Lakes (therefore whites), giving rise to 352 strictures or about 1 to 8; also 3073 cases of gonorrhœa collected from the Marine Hospital statistics of New Orleans, the Ohio and Mississippi rivers, give 285 strictures, or about 1 to 10.9. These 3073 cases of gonorrhœa are made up of the two races about in the proportion of three whites to two negroes. Counting,

therefore, one stricture to eight gonorrhœas, as in the district of the Great Lakes, among the whites, a calculation will give 1 stricture to 23 gonorrhœas among negroes.

Lastly, combining tables I, II and IV, the general conclusion is reached that a given number of cases of gonorrhœa among the whites will result in three times as many strictures as will the same number of gonorrhœas among the negro race.

Experience in the Charity Hospital leads us to endorse the general statements that gonorrhœa is equally common in the two races (indeed, we believe the susceptibility of the negro to the disease greater than that of the white man, and certainly the negro is more frequently exposed to the contamination), and that the disease in the negro is less apt to be followed by stricture than in the white man, but we are not prepared to admit that the difference is as great as the statistics of our friends seem to show. In the Hospital it is impossible to collect statistics which would help to settle this point. A good many cases of gonorrhœa in both races are there treated in the out-clinics and a few (comparatively) strictures, but we believe it rare to have such cases return from time to time until they can be said to be beyond the danger of stricture. Statistics only of cases kept under the observation of the surgeon until all discharge, gonorrhœal or gleet, has been for some time absent, can be at all relied upon for the drawing of conclusions. Even with such cases, too, the incorrect statements of patients, made either wilfully or through lack of close observation, may obtain their discharge, when trouble, the commencement of stricture, is already brewing in the urethra. We do not see, even in the Marine Hospital service, strict and accurate as its officers are, how it can be determined in any given number of cases of gonorrhœa what proportion will eventuate in stricture. We know of cases of intractable gonorrhœa in which a slight discharge continued for upwards of a year (undoubtedly evidence of a localized inflammation); but the introduction of large-sized sounds at the end of that time failed to

detect urethral narrowing at any point. In such cases the introduction of the sound is sometimes followed by complete cure of the chronic inflammation upon which the gleet discharge depends; but we cannot say positively, in such cases, that without the instrument stricture would in time have resulted. We cannot say how long a time, must elapse after the commencement of a gonorrhœa, before contraction takes place. Even in cases left to run their course, the time will vary greatly; many such untreated cases may last a good while and get well finally without stricture, others may apparently recover but afterwards again be lighted up (without another exposure) and give rise to stricture. With such difficulties confronting us, we cannot see our way clearly to accepting the above statistics as in any manner conclusive. The general statement of the case, we believe, remains true, as illustrated in the wards of the Charity Hospital, that in the negro races gonorrhœa is quite common and stricture infrequent. If a number of cases of gonorrhœa and stricture, met with in a given time, be studied, we believe the proportion of strictures to gonorrhœa will be even less than as stated by our friends, Drs. McIntosh and Carter. But to arrive at correct conclusions with regard to the two races with reference to this question, a certain number of white men with gonorrhœa must be treated in the same manner, under the same hygienic conditions, for the same length of time (sufficiently long) as a similar number among the negro race, and the result watched and ascertained in the same manner for all. In this way the conclusions as to the relative immunity of the colored race would be reasonably correct. If the cases, which these gentlemen have drawn together and upon which they have based their conclusions, have been thus compared for the two races, then their statements are of considerable value, but they have nowhere in their paper stated the conditions of the investigation.

At all events, we must thank Drs. McIntosh and Carter for having thus called attention to a matter of interest to all who practice in regions inhabited by a mixed population.

EXPERIMENTS ON THE CIRCULATION OF THE BLOOD.

Prof. Mosso has published in the *Revue Scientifique* (see *Scientific American, Supplement*, No. 571, Dec. 11, 1886,) an account of some new experiments on the circulation of the blood in various parts of the body. "No one," says he, "has as yet thought of studying the circulation in the hands and feet, because even the most practiced eye cannot discern therein, with certainty, slight variations in the color of the skin, and the thermometer, when applied to the surface of the body, is not capable of furnishing an accurate indication."

His experiments, then, are undertaken on a new line, and, if prosecuted, may lead to interesting and valuable results. His first series of experiments was performed on the hand. He constructed an apparatus, consisting of a long, narrow vessel, without a bottom; into this the hand and forearm were introduced and the space between the limb and vessel filled in hermetically with glazier's putty; the neck was closed with a cork, through which a glass tube passed into the vessel; the vessel was filled with tepid water and the experiments begun. He found that in proportion to the varying degree of fullness of the vessels of the hand would a varying quantity of water escape from the tube, and in this way he was enabled to study the effect of a variety of influences upon the circulation. He called his instrument the *plethysmograph*, or "measurer of changes of bulk." A few months after this he visited the laboratory of Prof. Ludwig, of Leipzig, and was kindly received and invited by the great physiologist to continue the experiments in his laboratory. Here he constructed two apparatus, one for each arm, that he might observe the changes in the two members at the same time. He added an attachment which indicated by the markings of two pens the varying size of the two hands under certain influences affecting the circulation.

Prof. Mosso constructed also a large wide table, so arranged, that with a man on it, it could be exactly balanced

at the middle when the man suspended momentarily the movements of respiration. Another attachment was made to limit and control the oscillations of the ends of the balance. With a man lying on this table he carefully noted the effect of various influences acting upon his circulation. When there was an access of blood to the head, as always occurred when one entered the room suddenly or spoke to him, that end of the balance would go down; the feet becoming lighter; during sleep, the feet-end would fall, the head becoming lighter from diminished quantity of blood. The Professor became so expert that "even upon seeing two pulsations," he could "distinguish that of the man who reflects from that of the heedless man, that of the man awake from that of the man asleep, that of one who is cold from that of one who is warm, that of one who is agitated from that of one who is calm, and that of one who is frightened from that of one who is tranquil." Certainly the instrument must be exceedingly delicate that will indicate the effect, even during sleep, of a dream or other psychical phenomenon upon the circulation of the head and limbs, through the vaso-motor system of nerves. Should we say that the Professor has exaggerated the importance of his experiments and his deductions from them, still we must admit, that, novel as the experiments appear, they seem to be based on scientific principles, and, if hereafter, confirmed by other investigators, will, as professor Mosso asserts, furnish a new and most valuable chapter in the physiology of the circulation. We await further experiments. In the meantime it would be interesting to hear from Prof. Ludwig himself, in whose laboratory the experiments of Mosso were performed.

THE CHOLERA.

The appearance of cholera in South America, more especially the Argentine Republic has again called attention to the possibility of its spread to this country.

Contrary to the invariable history of the scourge the existence of cholera in Western Europe has not thus far been

followed by its entrance into the United States, although Spain, Italy and France may be said not to have been free from it for more than two years.

It is this fact, that we have escaped it by the most natural channel by which it could extend to this country, that some of us have hoped that we may be equally fortunate in warding off any danger from the Southern Hemisphere. Another element of encouragement is that the disease does not seem to be extending as rapidly as might be expected. Still it must be remembered that the great epidemic which visited this country in 1833 started in India in 1817, and was marked by several instances of quiescence of as long a duration as a year or more.

Some one styled cholera *pan-epidemic* in nature, that is, that once on the march it never ceased its progress, however slow or irregular, until it had completed the circuit of the globe. History would seem to bear this statement out.

We should not forget, too, that our South American friends are not especially noted for their hygienic or quarantine regulations, and should the disease become rife throughout that continent it would almost certainly reach us, either by means of vessels or by land through Central America and Mexico. It appears to us that this latter route is the one most to be feared, partially for the reason that vessels are a long time out between the ports of that hemisphere and the United States, thereby either becoming disinfected or else developing the disease so that they will not escape proper attention here; and partially because our trade with the South, excepting perhaps dry hides or llama wool, is not of a nature easily to conceal or convey the poison. Should the disease once get into Mexico it would be almost impossible so to guard the Rio Grande border as to prevent the invasion of Texas.

The Louisiana Board of Health has given orders that special supervision be had over vessels from the infected quarter, and we can feel quite safe against any direct importation.

The scourge was first officially pronounced epidemic November 24th, but was probably quite prevalent at a much earlier date. Buenos Ayres and Rosario were especially afflicted, the deaths at the latter place amounting to as many as 30 and upwards daily, on several occasions.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

ARSENIC IN ANÆMIA.

Anæmias may be divided into *Secondary*, being those produced by causes acting upon the blood itself, and *Primary*, or those due to disturbances in the blood-making organs.

Excluding the removal, when found, of the cause, such as hæmorrhage, chronic discharges or toxic agents, there are three forms of *Secondary Anæmias* in which Prof. Osler has found arsenic useful.

1st. The Anæmias of Heart Disease.—The comfort of such patients is directly in proportion to corpuscular richness. Especially is arsenic of value where iron is not well borne.

2d. Malarial Anæmias.—Here it fulfills a double purpose. It has no effect upon enlarged spleen.

3d. Certain Anæmias of Gastric Origin.—Arsenic is a tonic in debilitated states of the stomach generally. It is also useful in some cases of chronic gastric catarrh, especially in alcoholic patients. In some anæmias of this class, however, it is powerless.

Primary Anæmias are of three kinds: 1st, that due to changes in the hæmatogenous tissues, viz., the spleen, lymph-glands and bone marrow. If, at the same time, the colorless corpuscles are increased it is called *splenic, lymphatic or medullary leukæmia* depending upon the organ involved. If there is no increase in the white corpuscles it is called *splenic, lymphatic or medullary anæmia*. Lymphatic anæmia is Hodgkin's disease; 2d, *Chlorosis*; 3d, *Pernicious or essential anæmia*.

Excepting chlorosis, cases of primary anæmias are very

fatal. In the matter of treatment chlorosis may be omitted, for arsenic is not often indicated in a disease where iron is so nearly a specific. In *leukæmia* and *Hodgkins disease*, though largely used arsenic is only occasionally successful.

It must be remembered here that in these two diseases there are natural periods of improvement without medication. Of eleven fatal cases of *leukæmia* in Montreal, arsenic was given to several. In two cases in women treated with arsenic by Prof. Osler, in 1883, great improvement occurred, but he afterwards lost sight of them.

No benefit was observed in *splenic-anæmia* of non-malarial origin from arsenic.

Pernicious anæmia is any form of anæmia which is severe and fatal in tendency. It may be due to pregnancy, parturition, defective food, gastro-intestinal trouble, etc.; or it may be *idiopathic* or *essential*, in which no cause can be discerned either before or after death. Those cases due to parturition or pregnancy or inanition are the most hopeful.

In all cases of pernicious anæmia there is not one case of recovery in which arsenic did not form the basis of treatment. Of forty-eight cases in which arsenic was not used, forty-two died, while of twenty-two cases treated with arsenic sixteen recovered. Arsenic, however, is not a specific. Iron is, as a rule, useless, but has succeeded where arsenic has failed.

Prof. Osler usually gives the liquor potassii arsenitis, beginning with doses of mm. v three times daily. Some patients can begin with only two or three minims at a dose. After ten days this is increased by one minim daily until the physiological effect is produced.

If unpleasant effects are produced it must be omitted for a day or so, and then continued. It must thus be given for weeks and months, and even after apparent recovery.
—*Prof. Osler in Therapeutic Gazette.*

CANNABIS INDICA AND BELLADONNA IN LARGE DOSES IN WHOOPING COUGH.

In the *Norsk Magazin for Lægevidenskaben* for September, 1886, Dr. H. J. Vetlesen writes a valuable article on the above subject. After many failures in the treatment of whooping cough with ordinary measures, he resolved in the spring of 1882, to give belladonna in largely in-

creased doses, and to support it with an analogous agent, *Cannabis Indica*. Vetlesen's combination was as follows :

Ext, cannabis Indica.....gr. x.

Ext. belladonna.....gr. v.

Spts. concentr.....

Glycerine, aa.....m. xl.

This solution contains five per cent of belladonna, and ten per cent. of cannabis. Each drop thus contains 1-20 grain of belladonna, and 1-10 grain of cannabis.

Vetlesen's first case was a little girl, aged 3 years, who had whooping cough for fourteen days, with frequent paroxysms and vomiting. He gave eight drops of the above mixture at 5:30 P. M. The little patient became drowsy, and did not cough again until 9 P. M.; during the night, she coughed only four times, and then the paroxysms were short and light. Eight drops of the mixture were given morning and night for two days, with the effect of preventing the paroxysms almost entirely during the day, and making the paroxysms at night few and easy. For the next ten days ten drops of the mixture were given morning and night, at the end of that time the medicine was stopped, and the child regarded cured, as her paroxysms no longer appeared.

This case is but one of a number of cases treated with belladonna and cannabis. In addition to his own cases, Vetlesen speaks of those of his colleague, Dr. Henie, who also obtained excellent results from this mode of treatment. The doses given were as follows :

In children under 1 year..... 4 to 5 drops

“ from 1 to 2 years..... 5 to 8 “

“ “ 2 to 4 “ 8 to 12 “

“ “ 4 to 8 “ 10 to 13 “

“ “ 8 to 12 “ 12 to 15 “

“ “ 12 15 to 20 “

which is the dose for adults. Vetlesen would not give the drops to children under eight months ; nor where any complication existed, such as bronchitis or pneumonia.

COTOIN.

A preparation little known in France renders good service in the treatment of rebellious and chronic diarrhœas. This is *cotoin*, one of the active agents of coto. M. Huchard reports a dozen cases of intractable diarrhœa which he has cured with this harmless drug. He gives it in doses of three grains, three or four times a day.—*Journal de Médecine et Chirurgie Pratique*.

VOMITING IN CANCER OF THE STOMACH.

(Medical Clinic of M. Henri Huchard, at the Hospital Bichat.)

It is sometimes wrong to abandon the unfortunate persons suffering from cancer of the stomach in whom intractable vomiting hastens the fatal termination. A uniform treatment is generally employed in all cases, with too frequently unfavorable results. It is necessary to know that in cancer of the stomach vomiting may arise from different causes, and that the treatment should be correspondingly varied.

Thus, a patient with cancer of the stomach had incessant vomiting for a month. His tongue was covered with a thick yellowish fur (*langue saburrale*); M. Huchard inferred that the vomiting was due to a *catarrhal condition of the stomach*. He then washed out the stomach every day; each cleansing was followed by the introduction of a mixture consisting of a pint of milk with three eggs and two teaspoonfuls of beef-powder. Under this treatment the vomiting stopped completely, and the patient could eat as usual.

At other times the vomiting is *mechanical*, due to the presence of a tumor at the pyloric orifice. Such cases are beyond the resources of our art.

Frequently, however, the tumor, by its mere presence, whether seated in the walls or at the orifices, is the indirect cause of spasms which may effect not only the stomach, but may extend even to the œsophagus, and give rise to a veritable reflex œsophagismus, of which M. Lacombe has recently cited several examples. In these *spasmodic* vomitings, washing out the stomach is no longer indicated; but they can be almost certainly controlled by an injection of morphine before each meal.

In other cases the tumor is of considerable size, as when the cancer is in patches, or broad like a cloth. It then prevents a large part of the mucous membrane from secreting gastric juice by destroying a large number of peptic glands. Under such circumstances even a very small quantity of food introduced into the stomach actually becomes a foreign body, which irritates the mucous membrane, and thus gives rise to copious vomitings of undigested food. The therapeutic indication is then evident; we must add to the food pepsin, pancreatin, or, still better, hydrochloric acid, to which last may be added a

little cocaine to calm the irritability of the mucous membrane. M. Huchard employs the following preparation, which he recommends also in all cases of *gastralgie dyspepsia*.

Cocaine muriat. 50 centigrams (8 1-3 grains)
 Acidi hydrochloric. pur. 2.50 grams (39 minims).
 Aquæ destill. 300 grams (10 ounces)

Dessertspoonful after each meal.

These different kinds of *alimentary* vomiting must not be confounded with the vomitings of blood, which require an entirely different treatment—injection of morphine, combined with injections of ergotine; ice, subnitrate of bismuth, milk-diet, etc.

In the various cases of uremia, the chief indication is to favor the discharge of the effete products of nutrition by the emunctories, the skin, kidneys, and bowels. In these cases M. Huchard has obtained excellent results from the employment of the following pills:

R. Nitrate of pilocarpine. gr 1-5.
 Resin of cammony.
 Resin of jalap.
 Extract of squills. aa gr. x

M. et ft. in pil. No. xij

Sig: One pill three or four times a day.

It is important to remember, however, that pilocarpine is contraindicated in all cases in which there is advanced degeneration of the heart-muscle.—*Journal de Médecine et Chirurgie Pratique*.

PROGRESS OF MEDICINE.

Dr. E. C. Carter in the *Medical News* for November, gives an "analysis of forty-five cases of diphtheria." His results are: "Thirty-three cases treated by bichloride of mercury gave no deaths, but 12 paralyses, not one of which was permanent. All these cases were among children. The 11 cases treated by other remedies gave 4 deaths and 1 permanent paralysis." The case of permanent paralysis was in a man of twenty-six years. The dose of the bichloride varied from one twenty-fourth to one sixty-second of a grain. In one case acute gastritis was caused by the drug. Up to the eleventh case inclusive the treatment had

been mainly local antiseptic applications and the following mixture of Porcher internally :

R̄ Potass. chloratis.....	℥i.
Tinct. ferri mur.....	℥ii.
Quin. sulph.....	gr. xv.
Sodii hyposulph.....	℥i.
Alcohol.....	℥i.
Aquæ q. s. ad.....	℥vi.
M. S. one or two teaspoonfuls 3 times a day.	

Though this mixture did much good up to the beginning of the use of the bichloride, it failed completely to have the prophylactic action ascribed to it by Dr. Porcher.

It should be added that the bichloride was also used locally, but the strength is not given.

Trousseau recommends the following as an anti-diarrhœic pill.

R̄ Powdered ipecac.....	gr. viii.
Extract of opium.....	
Calomel.....	aa gr. iss.
Make twenty pills. Take one or two pills daily.	

In the issue of the *Revista de Ciencias Medicas*, of Barcelona, for October 10, 1886, Dr. Jaime Guerra Estapé gives the results of his experience with bisulphide of carbon in the treatment of pulmonary affections. Having read in a recent work by Dujardin-Beaumetz, of the value of bisulphide of carbon in intestinal antiseptis, he tried upon himself the action of the agent; and he agrees with Dujardin-Beaumetz in stating that the *Liquor of Lampadius* is eliminated in large quantity by the respiratory mucous membrane. Upon awaking the morning after taking the drug, his breath had a well marked reaction upon Fehling's reagent; he blew through a tube into a cup containing a solution of the reagent, and a slight dusky precipitate of sulphide of copper was thrown down.

A few months ago he treated a man of 48 years whose occupation was wood-sawing. The man had been treated by various physicians in the neighborhood of Barcelona, and they had assured him that he was phthisical, which caused Dr. Estapé to examine him most carefully. The patient's illness dated four years back, and was supposed to have arisen from exposure to cold.

Dr. Estapé found that the patient had bronchiectasis.

At the outset the doctor saw that he was laboring under the disadvantage of treating a man already well dosed, and he suggested to the patient to take a few days of rest from medicine. It then occurred to him to use the *aqua sulpho-carbonata* that Dujardin-Beaumetz recommends in intestinal antiseptis. Dr. Estapé thought it would not come amiss to try the same thing in bronchial antiseptis; so he ordered the following:

R. Carbonei bisulphidi..... ℥ii.
 Ess. menthæ..... gtt. x.
 Aquæ..... ℥iv. M.

Of this, the patient took a tablespoonful six times a day, in half a glass of milk.

Alcoholics were strictly forbidden, for it is known that alcohol reacts on sulphide of carbon in the blood, producing sulphuretted hydrogen, which is noxious.

After six days of treatment, the patient again presented himself, and stated that the violent paroxysms of cough which came on every morning upon awakening had almost ceased, and that the expectoration had diminished. His wife stated that their house no longer smelt bad during the night, and that the sputa did not give such a bad odor. The doctor decided to continue the treatment for eight days longer. At the end of this time, the improvement was so great as to give rise to a perceptible change in percussion and auscultation. In the course of time, tonics and balsamics were added to the treatment; and in two and a half months the patient was able to resume work.

In a case of bronchorrhœa, Dr. Estapé obtained very satisfactory results with the same treatment.

In a valuable article in the *Va. Med. Monthly*, on *fistula in ano* and phthisis, Dr. Archer Atkinson protests against the prejudice some physicians have to closing fistulæ in phthisical subjects. One drain, pulmonary, is sufficient, and he sees no reason for adding to the patient's depression by encouraging further loss.

Dr. S. L. McKeown, of Dallas, Texas, relates in *Daniel's Tex. Med. Jour.*, a case of malarial hæmaturia with obstinate vomiting successfully treated with hypodermatic injections of the one thirty-fifth of a grain of strychnia.

Other remedies, including ergot and calomel, had been given by mouth, but were not retained.

SURGERY.

OPERATIVE TREATMENT OF EMPYÆMA OF THE ANTRUM OF HIGHMORE. J. MIKULICZ(Cracow).

Translated by Dr. D. W. MONTGOMERY, for *Pacific Medical and Surgical Journal*.

Up to the present time when it was considered necessary to open the antrum, it was done either through the empty alveolus of a tooth, or through the fossa canina, or through the hard palate. The advantages of operating in these situations are ease of operating, and good drainage. The great disadvantage however, is the difficulty of keeping the opening patent for a long time—the suppuration from the antrum often lasting for a very long time. If a large opening be made between the mouth and the antrum, pieces of food are apt to get into the antrum and decompose, and so aggravate the disease. Hunter had the idea to re-establish the communication between the antrum and the middle meatus, but the operation was found practically hardly capable of being carried out, and the position of the opening would be unfavorable for the evacuation of the pus. On the other hand it is easy to perforate the inner wall of the antrum from the inferior meatus on a level with the inferior turbinated bone, and so make a large permanent communication between the meatus and the antrum. The inner wall of the antrum is in this situation very thin, and is easily perforated by a strong cutting instrument. M. uses a special instrument for the operation—it is a stylette fixed on a bent handle; a short distance from the point of the instrument is a flange to prevent too deep perforation. The instrument is carried into the inferior meatus with the point directed downwards and when the neighborhood of the inferior turbinated bone is reached the point is directed outwards so as to get underneath this bone. By making firm pressure, the bony wall is pierced, and as much of it removed as possible. If one keeps well downwards and forwards no harm can be done. In this way an opening one-fourth of an inch broad and three-fourths long can be made. If rather copious hemorrhage follow the operation you can tampon with iodoform gauze. The further treatment consists in syringing out the antrum with a syringe,

the nozzle of which has a bend similar to that of the instrument for the perforation.

M. performed the operation on a man æt. 33, who had suffered for many years from symptoms of suppuration in the antrum of Highmore. After the fifth day the patient syringed out the antrum himself, and continued doing so twice a day for four weeks. The patient has been completely cured now for half a year. M. thought the operation might not be possible where the meatus was abnormally narrow, or where the inferior turbinated bone was much thickened.—*Centralblatt für Chirurgie*.

TENDON LIGATURES AND SUTURES.

It (catgut) is inherently defective, in that it is composed of a thin net-work of interlacing connective tissue, which readily softens and fails to retain its hold sufficiently long upon the parts. The tendon on the contrary, is composed of long, parallel filaments of connective tissue, which are not only much stronger, but soften less readily and, on this account, the tendon is superior to catgut or any other animal ligature. When properly chromicized and preserved in carbolic oil, it is trustworthy for tying the larger vessels, sutures, etc. I have ligated the carotid and gluteal arteries, sutured the uterus in amputation, the pedicle of ovarian tumors, the pillars of the ring many times in hernia, and always without failure of the material used. There is great variability in the character of tendon. The tendon suture of our North American Indians is chiefly from the *facia lata* of the back of the buffalo. The fibres are never parallel and are twisted as used. The tendon from the tail of the whale are longer than any other. I have specimens four feet long. However, they are fatty and fray out badly while being used as sutures. From the leg of the moose, or large deer, tendons may be secured about eighteen inches long and of excellent quality. From the tail of the squirrel, the most delicate fibres, as fine as floss silk, may be obtained, yet these are too small for most purposes.

Judging from the character of the animal, about seven years ago I sent to Australia and obtained by far the finest specimens I have ever seen from the tail of the Kangaroo.

These are from eighteen inches to two feet in length, split evenly, as fine as may be required for any purpose and may be used as sutures as conveniently as silk. I have had them preserved in bottles, made for the purpose, two feet long, and thus kept straight. Although not impor-

tant, this is a matter of convenience. They are less stiff if soaked in warm bichloride or carbolic solution for a little while before using.—Dr. H. O. Marcy in *N. E. Med. Monthly*.

TREATMENT OF INGROWING TOE-NAIL.

Dr. Philip Miall writes to the *British Medical Journal* that he has for many years used tannin for ingrowing nails and does not find rest necessary. A concentrated solution (an ounce of perfectly fresh tannic acid dissolved in six drachms of pure water, with a gentle heat) must be painted on the soft parts twice a day. Two cases recently had no pain or lameness after the first application and went about their work immediately, which they could not do before. After about three weeks of this treatment the nail had grown to its proper length and breadth, and the cure was complete. No other treatment of any kind was used, though formerly he introduced lint under the ingrowing edge in such cases.—*Med. and Surg. Reporter*.

RECENT DEVELOPMENTS IN BRAIN SURGERY.

The boldness of the surgeon in entering the various cavities of the body was recently illustrated in a most interesting manner in a case in which the most recent knowledge of the functions of the brain was successfully applied for the relief of an individual suffering from a brain tumor. The patient was admitted to the National Hospital for Epilepsy and Paralysis, London, suffering from so-called "Jacksonian" Epilepsy of over two years' standing. The epileptic seizures began in the thumb, and Dr. Hughlings Jackson arguing from some recent investigations on the cortical area for the upper limb, recommended the application of the trephine over the lower part of the area which is now believed to contain the special thumb centre. Mr. Victor Horsley successfully performed the operation under antiseptic precautions. A tumor was found in the suspected spot and removed, together with the remainder of the thumb centre. The wound healed and the patient has not had since a return of his epileptic fits.—*Maryland Medical Journal*.

ETHER-SPRAY FOR STRANGULATED HERNIA.

A correspondent writes to the *Medical Record* that he has used the ether-spray on several cases of strangulated hernia, one of two days' duration, with the best results. The

operation was painless and reduction occurred "spontaneously or with slight pressure."

COCAINE IN VESICAL AND URETHRAL SPASM.

Our friend, Dr. Brice M. Hughes, of Birmingham, reports in the *Alabama Medical and Surgical Journal* a case of violent vesical and urethral spasm relieved by cocaine muriate. In this case the suffering had been so intense as to necessitate the administration hypodermatically of morphia in $\frac{3}{4}$ grain doses every three hours for several days, with only temporary and incomplete relief. As a last resort two grains of cocaine muriate in olive oil (the Doctor does not say how much) were injected and left in the bladder and urethral tract, after previous washing out with borated solution. "*The effects were magical*, relief instantaneous," followed by sleep. The effect, too, was permanent. The morphia was stopped and under tonic treatment he entirely recovered.

OBSTETRICS AND GYNÆCOLOGY.

ELECTRICITY IN TARDY LABOR AND POST PARTUM HÆMORRHAGE.

In the last volume of the Transactions of the Mississippi State Medical Association, Dr. N. L. Guice, of Fayette, contributes an article on the effect of electricity in tardy labor and post partum hæmorrhage. The patient was a primipara, aged 23. He was engaged to attend the lady twelve days before confinement. He found a considerable amount of albumen in the urine, which diminished somewhat under the influence of jaborandi and jalap. When labor began, her face was slightly œdematous; pulse, 110. The head presented in the first position. The os was at first somewhat rigid, but became better after a dose (20 grs.) of chloral hydrate. The uterine contractions were inefficient, and labor was tardy. After twelve hours of fruitless and impatient waiting, an electric battery was brought into requisition, and a strong and rapidly interrupted current was applied to the inactive uterus. When the head came down upon the perineum the electricity was withdrawn, and it was found necessary, by means of strong counter-pressure, to restrain the rapid advance under the then forcible action of the uterus. After delivery of the placenta, the uterus was not sufficiently firm, and one

drachm of Squibb's fluid extract of ergot was administered.

Half an hour after labor there was nothing wrong except a continuance of the high pulse (110). The Doctor went down to breakfast, but in a few minutes he was again called to the bedside, and he found the patient flooding frightfully. Carrying one hand into the relaxed uterus, active manipulation was practiced, with no amelioration, the organ refusing to contract. A few clots were removed from the uterine cavity, and a teacupful of vinegar was injected into the uterus. The uterus contracted, and the hæmorrhage ceased, but only for a moment; the organ relaxed almost immediately under the hand. Very hot water was pumped into the uterus, but without effect. The patient was rapidly sinking. Dr. Guice quickly brought his battery into position; the positive electrode was firmly pressed against the patient's palm, while he held the negative pole in his left hand, and with his right he grasped, through the abdominal wall, the still flaccid and bleeding uterus. The result was instantaneous; the uterus firmly contracted and the hæmorrhage ceased completely. The current was continued for a few minutes, and was then withdrawn and applied alternately, the softening of the uterus under the hand supplying the indication for its use. Nothing could have been more prompt or gratifying than was the action of the electric current in this case.

COCAINE IN PARTURITION.

Doléris and Dubois have made a very important application of cocaine in quieting the element of pain which precedes, accompanies and follows parturition. By means of a solution containing water, glycerine and hydrochlorate of cocain (4 per cent.), with which they swabbed the neck of the uterus, the vaginal cul-de-sac, the vulva and the vaginal walls throughout their whole extent, they succeeded in suppressing the pain which is due successively to the violent contraction of the uterus, to the dilatation of the cervix, and finally to the forcible dilatation of the vulva. The drug did not interfere with the uterine contractions. Parturition was not disturbed either in its mechanism or the time required for its completion. The uterine muscle contracts with its usual strength and the element of pain is eliminated.—*Gazetta Medica di Torino*.

OPHTHALMOLOGY.

OPERATION FOR ECTROPION.

In a clinical lecture delivered at the Hotel Dieu, Professor Richet insists that blepharroraphy (welding of the upper and lower lids by freshening the edges and stitching together) is indispensable to the success of operations performed for the relief of ectropion due to contraction of large and dense scars on the lids. The operation he says should proceed by the following steps; 1st, the edges of the lids are freshened; 2d, the cicatricial tissue is divided; 3d, the two lids are stitched together; 4th, the cicatricial tissue is dissected off and the lid smoothed out. A flap taken from the neighbouring skin is turned into the denuded space and made fast. In operating upon the upper lid the base of the flap should lie below the canthus, upon the lower lid, above. The longitudinal shrinking of the flap which follows will in this way partly compensate for its contraction in width.—*Recueil d'Ophthalmologie.*

OPERATION BY LIGATURE FOR ENTROPION OF LOWER LID.

A strong curved needle is threaded with No. 9 surgeon's silk, introduced at a point about a fourth of an inch below the punctum, passed deeply through the tissues of the lid, brought out at a point about a fourth of an inch below the outer extremity of the lid, and the included tissue is firmly ligated. The immediate effect is an unsightly puckering of the lid, but this soon disappears when the ligature is removed—about the third or fourth day or as soon as suppuration occurs. Prof. W. T. Montgomery, of Chicago, says that this simple method has given him excellent results. In some cases the operation must be repeated. [No mention is made of how enduring the benefits have been found to be. In all operations for the relief of this condition they are not unlikely to prove transient.]—*Chicago Medical Journal and Examiner.*

TREATMENT OF DETACHMENT OF THE RETINA.

Dr. Eugene Holt, of Portland, Me., reports four cases of recovery. Treatment consists of restriction to the simplest diet possible, keeping the patient recumbent with the eyes bandaged most of the time, and the hypodermatic injection of pilocarpine (m.v. of 2 per cent. solution gradually increased) in quantities not sufficient to produce nausea, to

gether with the exhibition of infusion of jaborandi leaves. In the case narrated the cure was effected in about twenty days.—*American Journal of Ophthalmology*.

HYPODERMATIC INJECTIONS OF GOLD AND POTASSIUM CYANIDE IN SIMPLE ATROPHY OF THE OPTIC NERVES.

In the *Recueil d'Ophthalmologie* for September, M. F. Despagne recounts four cases in which the treatment was followed by marked improvement. Of gold and potassium cyanide, grs. 3 are dissolved in 150 m. of water. Five minims are injected, increasing one minim each day until the dose reaches fifteen minims; it is then reduced one minim daily until it falls to ten; and so on backwards and forwards. Besides the four cases reported greatly improved the advance of many cases is said to have been permanently checked.

CAUSE OF MYOPIA.

Against the theory that myopia is due to long continued convergence of the eyes (near work) Cohn cites the fact that of 100 watch makers only three had acquired myopia, though employed for 12 hours a day, from the age of fourteen, for many years. Of many fine seamstresses examined none were found myopic. Proportionately few myopic tailors, he says, present themselves at the clinics. He thinks close observation of small but fixed objects less injurious than following the lines in reading. Stilling has brought forward what seems strong evidence to show that myopia depends upon the course and attachment (to the eye ball) of the superior oblique, and that the degree of myopia depends upon the corneal curvature. An abstract of Stilling's paper in the *Boston Medical Journal*, for December 2d, 1886, is of great interest to oculists.

OPIC NEURITIS AND BASILAR MENINGITIS.

At the meeting of the Ophthalmological Society of the United Kingdom (*Brit. Med. Jour.*, Oct. 30), Messrs. Walter Edmunds and J. B. Lawford read a communication based on twenty-four cases of head injury, in which the condition of the optic nerves had been observed either ophthalmoscopically or microscopically. These observations seem finally to establish that in cases of head injury

optic neuritis results from basilar meningitis. For “(1) while in some of the cases in which there was optic neuritis, basal meningitis was found, it never occurred in those cases in which optic neuritis was absent. (2) Those cases in which the base of the skull or brain was injured, generally had optic neuritis, while those in which the injury was confined to the convexity of the brain, such as punctured wounds, had not. (3) In some cases of neuritis, transverse sections showed the inflammation most marked at the periphery of the nerves, and in the sheath space.”

BOOK-NOTICES.

Handbook of Diseases of the Ear for the use of Students and Practitioners. By Urban Pritchard, M. D., F. R. C. S., Philadelphia: P. Blakiston, Son & Co.. [New Orleans: Armand Hawkins, 194 Canal street, Price \$1.50.]

Within the compass of 200 small pages, Dr. Pritchard has succeeded in giving us a first-rate little book. Written in a simple and interesting style, it does not go into moot questions of otology or spend space in citation of learned authority; it gives us briefly the results of the author's experience and his favorite plans of treatment. The first has evidently been wide; the second are simple and sensible. Indeed strong common sense and an absence of hair splitting, that pet sin of special treatises, are the characteristics of the book. It can be read through in a couple of evenings and so may be re-read two or three times a year by the busiest of us. The man who wants a short, reliable book on the ear, will buy Dr. Pritchard's handbook.

H. D. B.

Quiz-Compend No. 8. A Compend of the Diseases of the Eye, Including Refraction and Surgical Operations. By L. Webster Fox, M. D., and Geo. M. Gould, A. B. Philadelphia: P. Blakiston, Son & Co., No. 1012 Walnut street, 1886. Price, \$1.00.

This is a small book, but an excellent one. Within the compass of 130 pages a clear account of the science and art of modern ophthalmology is given and well given. Especially to be commended are the sections on Refraction,

on Surgical Operations, the full lists of Synonyms and careful definition of terms used in ophthalmology. The latter especially should prove very useful to the general practitioner.

We agree heartily with the authors in what they have to say of the small usefulness of Retinoscopy and the futility of attempting to determine the refraction of young persons without the aid of atropia. We think a more definite and simple method of treatment for gonorrhoeal ophthalmia and ophthalmia neonatorum might have been described. We believe that iced compresses, hourly washings with an antiseptic solution (boracic acid) and the early application to the palpebral conjunctiva of a five or ten grain to the ounce solution of silver nitrate will conquer the disease in the vast majority of cases. It is quite easy to apply small iced linen compresses to the eyes of the youngest infant, and a single experiment serves to convince one of the quick and favorable influence on the brawny swelling of the lids and the excessive secretion from the conjunctiva. Nor can we agree that "resort to nitrate of silver is not to be advised except in extremely malignant and obstinate cases" of trachoma. Our experience inclines us to believe that silver nitrate is the best tonic, astringent and caustic for mucous surfaces that we possess, and that in strengths varying from two to forty grains we can produce the whole range of effects attainable by agents of this class.

As a matter of taste we should have been glad to see the illustration of Gould's Ametropia Model and Fox's Ophthalmoscope omitted.

In conclusion, it gives us pleasure to commend this little book to every student and practitioner of medicine, busy or idle, learned or ignorant, and we predict that the dollar spent in its purchase will never be regretted. H. D. B.

La Circulation et le Poulx. Histoire, Physiologie, Séméiotique, Indications Therapeutiques. Par Chas Ozanam, M. D. P., avec 4 portraits et 493 figures intercalées dans le texte, Paris: Librairie J. B. Baillière et Fils, 1886. Pp. 1060.

This masterly work by Ozanam may well command the attention of the whole medical world. It contains abundant material for study for not only the clinician, but also for the polished student of medical history.

The work is divided into five parts.

The first part, embracing 163 pages, is devoted to the

history of the pulse from the time of Esculapius, the dawn of medical knowledge, down to our own times. This part is ornamented with wood-cuts of the four great writers on the circulation: Servetus, Columbo, Cæsalpinus, Harvey. A very curious treatise on the science of the pulse among the Chinese forms not the least interesting chapter of the work.

The second part treats of the physiology of the heart. The formation of the heart and blood vessels is traced from the ovum, and the action of the organ and its causes are fully described. The structure, innervation, movements, all things pertaining to the normal action of the heart are fully set forth. In addition, the author gives the therapeutic indications for disturbance or disorder of each one of the physiological actions.

The third part of the work describes the various instruments (sphygmographs, etc.) employed in investigations upon the pulse.

The fourth part treats of the physiology of the pulse. The variations of the pulse according to age, etc., and the method of examining the pulse, form the bulk of the opening chapter. This part is enriched by a very large number of sphygmographic tracings, showing the variations produced by different influences. The study of the pulse and heart in health forms a fitting approach to the fifth and last parts which is the crowning section of the work.

The fifth part constitutes nearly one-third of the bulk of the volume. It treats of the heart and pulse in disease. To have written this part alone would have been an achievement in itself. To give an adequate idea of the value of this work in a brief review is impossible; to be thoroughly appreciated, the work must be read. It is indeed encyclopædic in character; it is a resumé of the science of the pulse as it exists in 1886. A. McS.

Eighth Annual Report of the State Board of Health of Illinois. Springfield, Ill. H. W. Rokker, 1886, pp. 556.

The reports of this body continue to increase in value from year to year. The first part of the work is devoted to topics which particularly interest the people of Illinois; but the appendix contains matter which is of value in any community.

In the first part, among other valuable material, are given the results of the effort of the Board to stamp out

contagious diseases, and also the steps taken to crush out quackery and improve the standard of medical education in Illinois. An applicant for a license to practice is, under certain circumstances, subjected to an examination. The questions asked during one examination are given; any applicant answering eighty per cent. of these questions, is able to pass almost anywhere.

The appendix embraces: A, Report on Disinfection and Disinfectants; B, Coast Defenses against Asiatic Cholera; C, Report of the Proceedings of the Sanitary Council of the Mississippi Valley; D, Meteorological Tables; E, State Sanitary Survey and House to House Inspection; F, Vital Statistics of Illinois, and Coroner's Inquests; G, Medical Education in the United States and Canada from 1765 to 1886.

The last section gives a list of the medical colleges of the United States and Canada, stating the requirements for graduation, branches taught, time of studies, etc. This report will prove very valuable to officials, who issue licenses to practice to graduates of distant colleges.

A. McS.

Congrès Periodique International des Sciences Medicales. 8me Session—Copenhagen, 1884. *Compte-Rendu* publié au nom du bureau par C. Lange, Secrétaire-général. Copenhagen: Librairie Gyldendal, 1886.

Two years and more after the International Medical Congress closed its labors, the report of its proceedings and papers appears. Most of the material has been noticed already by the medical press; and abstracts of the principal contributions have been presented to our readers. The report is published in three languages: English, French and German. A member reading a paper would present it in one of these languages, and the discussion which followed was somewhat mixed. Thus the remarks of a German were published in his own idiom, those of a Frenchman in French, and those of the Britons in English; these remarks were given only in the language in which they were originally delivered, without any translation; some linguistic ability is requisite in order to enable a reader to fully appreciate the wealth and beauties of this veritable mine of medical lore.

A. McS.

Deaths.

DR. CRIDLAND CROCKER FIELD, of Easton, Pa., died Nov. 26, at his home in that town. DR. FIELD was a physician of distinction and well known in his part of the country. The *Easton Daily Argus* (Dec. 3) says of him:

“The operations that have made him famous are the removal of a cervical tumor, with ligation and excision of a considerable part of the jugular vein; excision of the entire femur, an operation unique in the annals of surgery; excision of the entire radius: extirpation of the parotid gland, which difficult operation he has performed several times.”

DR. JAMES T. MEEK, a native of York Co., S. C., died at Ennis, Texas, Nov. 11, 1886, aged 44 years. He was a member at the time of his death of the Ellis County Medical Society, the Texas State Medical Association, and the American Medical Association.

DR. OWEN T. HUNT, of La Crosse, Ark., died on Sept. 22, from the effects of a gunshot wound. He was born in Tennessee in 1833, and was graduated from the University of Pennsylvania in 1854.

MRS. MATTIE MESSER BURGER, wife of Dr. W. M. BURGER, of Bartlett, Texas, died Nov. 22d. 1886.

At Jasper, Texas, Sept. 14, 1886, Mrs. T. M. STONE, wife of Dr. T. M. STONE, of that place.

DR. OSCAR ATTAWAY died at his home in Roswell, Ga., Nov. 5, in the thirtieth year of his age.

DR. JNO. K. WINDERS, of Baltimore, died in that city Nov. 26, 1886.

DR. A. F. ERICH, Professor of Diseases of Women in the College of Physicians and Surgeons of Baltimore, died of apoplexy at his home in that city, Dec. 7, 1886, in the 50th year of his age.

MRS. DAVID McCAY, wife of Dr. David McCay, of Baton Rouge, La., died in that city, Dec. 16, 1886.

DR. SIMON COURREGE, of New Orleans, a graduate of the Medical Department of the University of Louisiana, 1880, is dead.

MARRIAGES.

ROBERTSON-LEPPOLD—At Lockhart, Texas, Nov. 10, 1886, Dr. H. S. Robertson, of Cedar Creek, Texas, to Miss Lizzie Leppold.

LAW-BARTON—At the home of the bride's mother, in Salado, Nov. 21, 1886, Dr. Jarrett D. Law and Miss Milda Barton.

MEDICAL NEWS AND MISCELLANY.

WE are again disappointed. Dr. C. H. Mastin, of Mobile has been unable to finish his paper for this number of the JOURNAL. We are happy to assure our readers that their pleasure is only deferred, however. Dr. Wirt Johnston, of Jackson, Miss., and Dr. Jas. E. Reeves, of Wheeling, West Virginia assure us that their articles will be ready for our March and June numbers respectively. Dr. Johnston will write on the Antiseptic Treatment of Wounds; Dr. Reeves on Typhoid Fever and its Bacillus.

SPEAKING of Dr. Reeves and bacilli, we have lately received from the doctor some most beautiful microscopic slides of B. tuberculosis, B. anthracis, and swine plague microbes together with some exquisite histological slides. The B. tuberculosis is more clearly shown in Dr. Reeves preparations than we have ever before seen it. The doctor has dozens of these and other slides which he would be glad to dispose of at one dollar a piece. We can commend them; they are good.

A DEATH is reported from the hypodermatic injection of a 3 per cent. solution of per-oxide of hydrogen, by Dr. Laache, of Christiana.

THE American Public Health Association meets next year at Memphis, Tenn.

DR. T. J. TYNER, having accepted the position of oculist to the State Blind Asylum at Austin, will remove thither from San Antonio Texas.

IN VIEW of the dangerous proximity of the cholera, it is proposed to ask the health authorities of Mexico to join the conference of health officers of the Gulf States and Tennessee, soon to meet in New Orleans.

THE result of a post mortem examination of the remains of John E. Owens, the comedian, established the fact that his death was due solely to an affection of the liver. All other organs in the body were found healthy. The immediate cause of death was the rupture of a vein in the stomach.

IT is rumored that Paul Bert became converted to the Roman Catholic faith shortly before his death. It is probably untrue.

AT the recent first professional examination of the Royal College of Surgeons in Ireland, there were seventy-eight candidates. A lady student took the first place. She is now attending the wards of one of the Dublin clinical hospitals, in company with the ordinary class of students.—*British Medical Journal*.

TEXAS has quarantined against South American ports.

A DISPATCH from St. Louis, Mo., December 20, says: The death from hydrophobia of the daughter of Louis Grund, ex-chairman of the Republican City Central Committee, and a prominent quarryman and contractor, was reported to the coroner to-day. Barbara Elizabeth Grund, 16 years old, some time ago was playing with a young puppy, only two months old, when it bit her. The wound was not serious, and as the dog, so far as known, had never been out of the house since the day of its birth, and had never been with other dogs, nothing was thought of it. About eight days ago, however, the young lady began to show symptoms of the dread disease and two physicians were called in. Their efforts to relieve her sufferings were of no avail and she rapidly grew worse until yesterday morning, when she died in the greatest agony.

DR. A. PARKER CHAMPLIN, of Bay St. Louis, Miss., publishes in *Gaillard's Journal* for Dec., a slightly enlarged and amended report of the case of Hydatiform Mole published in this JOURNAL, October, 1885. In *Gaillard's Journal* the title is "A Case of Vesicular Mole."

MAN, the anthropoid apes, and the elephant are the only animals known to have the trapezium completely hidden by the redundant development of the pons. After a study of the 13. lb brain of the elephant recently killed in the Central Park, N.Y., Drs. Spitzka and Brill intimate that the deep structure of the elephant's brain resembles that of the porpoise. Another agreement between these two classes—*Weekly Med. Review*.

DR. JAS. H. BROWN, of Devall, has been appointed Coroner for West Baton Rouge Parish.

IN the *Jackson* (Miss.) *Clarion* Dr. A. B. Holder, of Pickens, Miss., expresses a wish that a Medical Department should be established in the State University. The establishment of chairs of anatomy and physiology would accomplish this end, as the university already possesses a fine equipment for the teaching of chemistry. In such a

department a large number of young Mississippians, who now go elsewhere, might receive their preliminary medical education, while pursuing at the same time literary studies of great value. The opportunities afforded to other than *medical* students of gaining some knowledge of anatomy and physiology would redound greatly to the credit and profit of the university as an institution of learning. We doubt whether it would ever be well to erect the department into a diploma issuing "college."

OUR friend Dr. T. S. Dabney who last winter was appointed Medical Examiner in the Pension Office, has been having a hard time. No sooner was Dabney appointed than several of the mare's-nest-finding Northern papers made the stupendous discovery that he had been a guard at Andersonville, had kept watch on the dead-line, and had with his own hand shot down Union soldiers. With a celerity worthy of its name, Good Speed Post No 295, G. A. R., Department of Kansas, at once demanded of the President and Commissioner Black that the appointment of this villainous confederate should be revoked. The matter reached such a pass finally, that Dabney wrote to Commissioner Black affirming on honor that he was born in 1850, and had never borne arms in the confederate or any other service; and the Commissioner wrote a polite little note effectually "sitting down upon" the too excitable G. A. R. Post. The *Cincinnati Enquirer* says that the matter has reached the proportions of a national joke, and that Medical Examiner Dabney contemplates a suit for libel against certain newspapers. We who know Dabney can appreciate the joke thoroughly.

A NUMBER of Birmingham (Ala.) physicians, together with several from other parts of the State, have organized the Alabama Surgical and Gynæcological Association. The next meeting will be held in Birmingham, October 15th, 1887.

IN Louisville, Ky., December 15, the Court of Appeals decided the case of Bessie White vs. The State Board of Pharmacy in favor of the plaintiff, who sued out a writ of mandamus to force the board to grant her a license to dispense medicine, which it had at first refused, although she was a graduate of the Ann Arbor (Mich.) School of Pharmacy. The plaintiff is said to be a sister of ex-congressman John D. White, and the first woman to apply for such a license in Kentucky.

THE *Cleveland* (O.) *Medical Gazette* says that the Transactions of the La. State Medical Society "compares very favorably with the transactions, as published, of *many Northern States*" (sic.). Of course praise can go no higher than this. "Oh, uncle Pumblechoke, you are too kind!"

The same journal speaks of Dr. Senn's "*excellent monogram*" in the Transactions of the American Surgical Association.

WE call especial attention to the letter of Dr. I. J. Newton, relating to the organization of the Committee on Reports and Essays of the La. State Medical Society. There can be no excuse for failure if we do not have the best meeting in our history at Alexandria. The committee appointed to revise and condense the constitution and by-laws will be ready to report.

NOTES FROM ST. LOUIS.—Dr. F. W. Wisseler, an old and well known practitioner failed to report a case of diphtheria and has been proceeded against by the Board of Health.

There were 106 deaths from diphtheria in St. Louis during October. The Health Commissioner reports that he can trace no connection between the spread of the disease and the use of wells throughout the city.

Dr. Geo. J. Bernays was thrown from his buggy Nov. 9, and received a severe scalp wound. He has recovered.

On Nov. 17, Dr. A. C. Bernays performed gastrotomy, and removed a table-knife, 9½ inches long, through a half inch incision in the stomach. Stomach wound sutured with fine cat-gut and stomach replaced. External wound sutured—separate from stomach. Patient recovered without a bad symptom and no fistula was formed.

EVERY now and then the *New York World* sends us a batch of copies of its weekly edition. It is certainly a good paper as everybody knows. We suppose that's what the *World* wants us to say about it.

PRESIDENT CLEVELAND has appointed Leut. Col. John Moore, Assistant Medical Purveyor U. S. A., Surgeon-General of the U. S. Army. Dr. Moore is a native of Indiana.

DR. W. O. Wilkes, of Waco, Texas, has been elected Lecturer on Diseases of Children in the Medical Depart-

ment of the University of Kansas City, whither the Doctor has removed.

THE University of Virginia has recently suffered a serious loss. Fire broke out in one of the lecture rooms and destroyed many valuable anatomical drawings.

THERE is an "Anatomical Bill" before the Legislature of Georgia, but we agree with our contemporary that some of the features are objectionable. There are too many minutiae.

ONLY 41 out of the 126 medical colleges in the United States exact three courses from their students as requisite to graduation.

THE Rush Monument Committee is still actively endeavoring to accomplish its end. Forty thousand dollars are needed and subscriptions of one dollar are called for from every physician in the country.

DR. JOS. GIBBONS RICHARDSON, of Philadelphia, Prof. of hygiene in the University of Pennsylvania, author of the *Handbook of Medical Microscopy*, is dead at the age of 51.

THE Royal Colleges of Physicians and Surgeons of London are about to publish (by subscription, two guineas apiece) some hitherto unpublished lectures of Harvey, from MSS. in the British Museum.

THE Missouri Medical College opens its doors with a large class of students. Their St. John's Hospital is admirably situated for attracting a large clinic.—*Weekly Medical Review*.

FROM a note in the *British Medical Journal* for Nov. 13, it seems that Fred. Archer, the celebrated jockey, committed suicide during the mania which sometimes accompanies the early stage of typhoid fever.

DURING the past month we had the pleasure of a visit from Dr. Middleton Hanckel of Charleston, S. C., who is now travelling for the great Louisville drug firm of R. A. Robinson & Co.

Dr. Hanckel is the representative of one of Charleston's best old families, a genial gentleman, and cultivated physician; it is almost needless to add that his statements may be implicitly relied upon. His firm is to be congratulated upon having secured the services of such an agent.

DR. D. FRANCISCO TORRALBAS Y MAURESA has been appointed to fill the vacancy in the Supreme Sanitary Council of Cuba, caused by the death of Professor Vargas Machucha.

THE death is announced of Dr. D. Pedro Martinez Sanchez, formerly professor in the Medical Faculty of the University of Havana.

INSANITY IN THE NEGRO.—Dr. Bryce, Superintendent of the Insane Hospital of Alabama, has been investigating the question whether insanity is increasing among the negroes since their emancipation, and concludes that there can be no doubt on this point. The whole number of insane negroes in the United States, by the census of 1850, was only 638, and in 1860 but 766. The returns for 1870, showed one insane negro to every 2695, and in 1880 the ratio had increased to one in every 1096. At this rate by 1890 the proportion would reach one to every 500, or the same as among the whites. Dr. Bryce overlooks the fact that much of the increase between 1870 and 1880 is only apparent, being due to the fact that the later census was taken with much greater accuracy in the South than the earlier one; but there is no reason to doubt that insanity really became much more common among the blacks during that decade, or that ultimately there will be no marked difference between the two races in this respect. It is one of the misfortunes of civilization that the increase of mental activity among a people is accompanied by an increase of mental disease, and the negroes are only obeying the common law of humanity.—*The Nation*.

Indeed, so true is this statement, that one may almost say, that the ratio of insane persons to the mentally sound in any nation may be taken as an indication, in a broad sense, of the intellectual developement of the people.

THE Orleans Parish Medical Society, at a special meeting, adopted the report of the Judiciary Committee recommending the expulsion of Dr. A. M. Fernandez for conduct unbecoming a member of the Society and a physician.

MR. A. A. FORSYTHE has been elected valedictorian for the class of 1886-'87. It required the salutary influence of the Dean to secure the harmony necessary for an election satisfactory to all.

OUR canvasser, Mr. I. H. Stathem, is meeting with extremely gratifying success in Texas. We take this occa-

sion to thank our friends in that State for their many words of praise and encouragement. We promise them we shall continue our endeavors to deserve their goodwill.

WITH the cholera in South America this paragraph from the Sundry Civil Bill is of no little interest :

THE PREVENTION OF EPIDEMICS.—“The President of the United States is hereby authorized, in case of threatened or actual epidemic of cholera or yellow fever, to use the unexpended balance of the sum appropriated therefor by the act approved Aug. 4, 1886, in aid of State or local boards or otherwise, in his discretion, in preventing and suppressing the spread of the same, and for maintaining quarantine and maritime inspection at points of danger.”

A BLIND PHYSICIAN, Dr. Robertson, has been elected by the Conservatives to fill the vacancy in the Brighton (England) district. He had no opposition.

DR. W. H. WATKINS, Chief Sanitary Officer of the State Board of Health, has been doing some good work during the past month. Four affidavits were sworn out against milk-men for watering their milk, and two bakers were fined for using well-water in making their bread. Too much cannot be said in commendation of earnest and continuous efforts in this direction, but the efforts must be *earnest and continuous* to achieve good results.

OUR Northern brethren, it seems, are not to have a perpetual monopoly of literary physicians. Dr. Frank Donaldson, Jr., of Baltimore, has published (Cupples, Upham & Co.) two comedies, *An Ill Wind*, *An Abject Apology*, which are said to be very sprightly and original.

THE State of Tennessee hopes to have a law regulating the practice of medicine. A committee of the State Society has been appointed to prosecute the matter, and a circular presenting the subject has been issued to the medical profession of Tennessee. Dr. F. M. Sim is the efficient chairman of the committee.

THE Memphis City Hospital is a very poorly conducted institution, according to the *Mississippi Valley Medical Monthly*. The mortality rate is high (nearly fourteen per cent.); the wards are not well built, and are not well kept in a cleanly condition. The cause is want of money.

MORTUARY REPORT OF NEW ORLEANS

FOR NOVEMBER, 1886.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial, unclassified	6	3	6	3	7	2	9
“ “ Typho.....	1	.....	1	.....	.....	1	1
“ Congestive.....	8	.....	8	.....	6	2	8
“ Continued.....	.....	.....	.....	.....	.....	.....	.....
“ Intermittent.....	.....	.....	.....	.....	.....	.....	.....
“ Remittent.....	2	.....	2	.....	2	.....	2
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	1	.....	1	.....	1	.....	1
“ Puerperal.....	.....	1	.....	1	1	.....	1
.....
Scarlatina.....	.....	.....	.....	.....	.....	.....	.....
Small-pox.....	.....	.....	.....	.....	.....	.....	.....
Measles.....	1	.....	1	.....	.....	1	1
Diphtheria.....	10	1	9	2	.....	11	11
Whooping Cough.....	2	.....	2	.....	.....	2	2
Meningitis.....	5	3	3	5	2	6	8
Pneumonia.....	21	14	22	13	17	18	35
Bronchitis.....	6	3	6	3	5	4	9
Consumption.....	31	28	29	30	58	1	59
Congestion of Brain.....	12	1	8	5	7	6	13
Diarrhœa.....	9	2	8	3	6	5	11
Cholera Infantum.....	12	4	10	6	.....	16	16
Dysentery.....	3	3	3	3	5	1	6
Debility, General.....	4	.....	3	1	4	.....	4
“ Senile.....	24	16	12	28	40	.....	40
“ Infantile.....	12	5	10	7	.....	17	17
All other Causes.....	190	92	154	128	173	109	282
TOTAL,	360	176	298	238	334	202	536

Still Born Children—White, 21; Colored 24; Total 45.

Population of City.—White, 173,500
“ “ Colored, 64,500

Total, 238,000

Death rate per 1000 per annum for month.—White, 24.89.

“ “ “ “ “ “ Colored, 32.74.

“ “ “ “ “ “ Total, 27.02.

W. H. WATKINS, M. D.,

Sanitary Inspector

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—NOVEMBER.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in in. & Hund.	GENERAL ITEMS
		Mean	Max.	Min.		
1	30.144	62.3	72.8	53.0	....	Mean Barometer, 30.133.
2	30.135	67.8	74.4	58.3	....	Highest Barometer, 30.486. 27th.
3	30.101	68.9	79.6	61.9	....	Lowest Barometer, 29.705. 17th.
4	30.130	66.6	74.3	62.0	....	Monthly Range of Barometer, .781.
5	30.121	66.0	75.3	54.8	....	Mean Temperature, 59.1.
6	30.149	60.2	77.0	49.6	....	Highest Temperature, 82.2, 22d.
7	30.259	50.3	57.5	42.8	....	Lowest Temperature, 34.4, 18th.
8	30.214	55.7	64.8	48.5	....	Monthly Range of Temperature, 47.8.
9	30.083	66.2	70.5	54.8	.48	Greatest daily range of Temp. 35.6.
10	30.128	69.8	76.2	66.9	.16	Least daily range of Temp're, 9.2.
11	30.031	64.6	77.2	61.3	1.23	Mean daily range of Temperature, 17.6.
12	30.052	59.6	68.9	50.5	.15	Mean Daily Dew-point, 49.9.
13	30.284	51.2	57.0	44.8	....	Mean Daily Relative Humidity, 74.2.
14	30.348	53.9	62.0	45.0	....	Prevailing Direction of Wind, N.
15	30.217	54.8	62.5	47.4	....	Highest Velocity of wind and direction,
16	29.922	67.8	76.2	54.3	.18	26. N. W.—17th.
17	29.902	56.2	75.2	39.6	.77	Total Movement of Wind, 5906 miles.
18	30.350	42.6	50.9	34.4	....	No. of clear days, 12.
19	30.341	50.2	59.8	59.8	....	No. of fair days, 11.
20	30.141	60.5	66.3	47.9	....	No. of cloudy days, 7.
21	29.978	70.6	80.0	63.2	....	MEAN TEMPERATURE FOR THIS MONTH IN
22	29.897	72.6	82.2	65.9	.01	1873.....61.2 | 1880.....56.4
23	29.804	68.9	80.2	63.0	.62	1874.....66.3 | 1881.....61.2
24	29.919	53.1	65.0	49.1	1.73	1875.....65.6 | 1882.....62.8
25	30.291	45.9	52.5	41.6	....	1876.....59.2 | 1883.....63.5
26	30.445	47.8	56.5	41.2	....	1877.....58.3 | 1884.....59.8
27	30.420	47.2	53.0	43.8	....	1878.....51.2 | 1885.....59.7
28	30.242	50.1	62.0	40.4	....	1879.....64.9 | 1886.....59.1
29	30.025	57.1	69.0	45.2	....	TOTAL PRECIPITATION (IN INCHES AND
30	29.930	63.9	75.8	54.0	....	HUNDRETHS) FOR THIS MONTH IN
.....	.....	.....	.....	.....	.....	1873..... 5.95 | 1880..... 3.04
.....	.....	.....	.....	.....	.....	1874..... 1.12 | 1881..... 7.24
.....	.....	.....	.....	.....	.....	1875..... 6.79 | 1882..... 1.98
Sums	.....	.....	.....	.....	5.33	1876..... 4.35 | 1883..... 6.36
Means	30.133	59.1	.....	.....	.....	1877..... 6.58 | 1884..... 3.13
						1878..... 7.78 | 1885..... 3.47
						1879..... 3.79 | 1886..... 5.33
						Dates of Frosts { Light, 19, 26, 28, 29.
						{ Killing, 18.

M. HERMAN, *Sergeant Signal Corps, U. S. A.*

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OSCAR GOLDBERG, Ph.D., Prof. of Chemistry and Toxicology, and Dean of the Chicago College of Pharmacy, says of it:—"I have analyzed Bush's Fluid Food or BOVININE, and found that it contains 23.53 per cent. of soluble Albuminoids."

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DR. T. GRISWOLD COMSTOCK, of St. Louis, says: "I have used your preparation, BOVININE, very frequently for the past few months and I find it most excellent, especially for consumptives. I have in mind one case of an old gentleman afflicted with senile gangrene. By the use of your Fluid Food he is much improved and sitting up, and the appearance of the gangrene has changed for the better. For more than three weeks he was kept on BOVININE."

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B. GAUSE, M.D., Professor of Obstetrics, Hahnemann Medical College, Philadelphia, speaking of cases coming under his own observation, says: "One, a case of critical uterine hemorrhage, with great exhaustion. It is scarcely extravagant to say that BOVININE saved my patient from fatal exhaustion."

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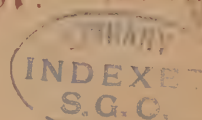
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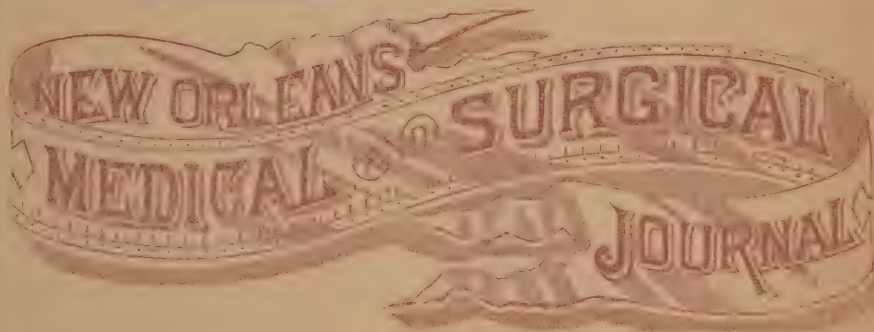
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WHOLE No. 263.

No. VIII.



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*Paulum sepultæ distat inertia
Celata virtus.—HORACE*

Published by the New Orleans Medical Publishing Association.

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1887

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OF BEEF TEA, DR. CHRISTISON says: "He was able to obtain but a quarter of an ounce of solid residue in a pint."

This solid residue consists of "besides the trifling amount of proteid material and of fat (which latter, in practice, is guarded against with great care), *only the salts of the muscle, the hematin and allied pigments, traces of sugar, perhaps, some lactic acid, and the nitrogenous extractives creatin and its congeners.* As the original half pound of muscle may contain about forty to sixty grains of the salts and ten to twelve grains of the nitrogenous waste products, the beef tea (half pint) certainly contained no more."—PROF. BAUMGARTEN.

OF BEEF EXTRACT, DR. PAVY says: "There are grounds for believing that a considerable proportion consists of products of proteid decay, materials in course of retrograde metamorphosis, that are of no use as nutritive agents."

The well high superstitious ideas entertained by the *laity* of beef tea, is expressed in the allusion to the "*strength*" which is popularly supposed to be extracted in the *tea*; after which the *beef* is thrown to the dogs. The working man makes soup from a joint and consumes the "*strength*" and the *beef* both.

The medical profession insist that the patients shall profit by the knowledge and progress of medical science, by the use of artificially digested fresh milk, etc. The Nostrum advertisers usurp the functions of the physician by prescribing fictitious "foods for invalids," foods which medical science has long since condemned.

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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

FEBRUARY, 1887.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Uterine Fibroids and Other Pelvic Tumors.—Their Therapeutic Treatment and Conduct to the Menopause. ✓

By HENRY FRASER CAMPBELL, M. D., Augusta, Ga.

In the present advanced day of oöphorectomy, hysterectomy and other brilliant and bloody operations, one is intuitively prompted to explain, if not to apologize, in presenting himself as the reporter and advocate of medicinal expedients in the management of these often perplexing abnormalities. Nevertheless, the experience of the past should not be wholly lost sight of, even though largely substituted by more direct, but not universally accepted and, albeit, often perilous methods.

Many circumstances and conditions render it expedient that the individual experiences of those who have come frequently in contact with any considerable number and variety of such cases, at a period anterior to the suggestion of the surgical procedures now urged as the only alternative between active effort and entire abandonment of the woman to her fate, shall find a place in our current teaching on the subject. A large number of the cases of uterine fibromata and analogous growths, though appar-

ently more or less rapidly approaching, from bloodlessness, or other circumstances connected with the growth, a fatal degree of exanimation, are not in a condition that would justify abdominal section for either hysterectomy or oöphorectomy with or without salpingotomy. Other subjects, when candidly informed of the discouraging statistics of the one, and of the mutilation and barrenness of the others, absolutely refuse to submit to these operations, or withhold their consent until the period of even the forlorn hope they offer has passed; and yet another class with tumors of varying size, location and histology, are of an age to regard the hope offered by the approach of the menopause as a promise of ultimate relief in the decadence of vascular and trophic activity so universally recognized as an attendant on post-menstrual life.

These latter cases, as may be seen in the following quotation from Keith, have good ground and encouragement for resisting both hysterectomy and oöphorectomy as well as salpingotomy, any of which operations indeed, in my own opinion, are seldom justifiable at that age, though this as it seems to me, appears to be the only period of life at which the two latter procedures have been able to claim any marked success in arresting the menstrual nixus and flow.

“To the woman with a fibroid uterus,” says Dr. Keith,* “who has passed the best of her years in weariness and pain, middle age brings relief, and old age may be spent in peace. Hence the difficulty in knowing how far we are justified in advising interference for a disease that troubles for a time, though it rarely kills. It is often said that the operation for the removal of uterine fibroids is in much the same position now, that ovariectomy, was five and twenty years ago. It is not so. It never will be so. The history of these two diseases is entirely different. As a rule, ovarian disease is a merciless one; it goes on and kills. As a rule, the active existence of an uterine fibroid is limited;

* Contributions to the Surgical Treatment of Tumors of the Abdomen. By Thomas Keith, M. D., LL. D., Edin., 1885.

it rarely interferes directly with life. When menstruation ceases, the troubles of the patient soon begin to pass away, while the tumor itself, after a time becomes smaller, and in a few years, little or no trace of it may be found. The patient gets along, lives more or less comfortably, generally not even aware of its existence, and dies of something else. * * * * *

They have not much to gain by chancing a dangerous operation, and they may lose much, having much to lose.

“Till of late years, uterine tumors were let lie undisturbed unless when they were mistaken for ovarian cysts; but the restless surgery of to-day will let nothing alone; it has no patience for the menopause, and would attack all and sundry in some way or other, till one almost begins to think that individual responsibility has become old fashioned and gone out of date. So far as operations for the cure of this disease have yet gone, the mortality is out of all proportion to the benefits received by the few. * * *

“Dr. Bigelow, of Washington, has lately collected all the cases placed on record up to March, 1884. At best, this must be an imperfect list, and can only show the least bad side of the operation. Of 359 operations there were only 227 recoveries and 132 deaths, or a greater mortality than one out of every three operated on. * * *

The sum of misery in the 359 operations to the subjects of them, and to their friends, is something simply incalculable. So far as hysterectomy has thus gone, it has done more harm than good, and it would have been better that it had never been.”

Though I have thus quoted from Dr. Keith, as one of the highest, and perhaps the latest authority on uterine tumors, such principles as are in accordance with my own views and the objects of the present paper, it would be injustice to him to leave the impression that hysterectomy is banished from his surgery. On the contrary, though he so strongly condemns the operation in cases offering the possible chance of relief, by the limitation of the menstrual life of the subject, his record in cases forlorn of this

hope—and these are his only admitted ones—has been marked by successes, the most brilliant and sometimes, wonderful to contemplate.

Unquestionably then, the menopause must be regarded as the great crisis in the life, activity and growth of the great majority of pelvic tumors, but especially of the uterine fibromata, and of the softer non-malignant growths of this organ. Whatever methods of management have been found to sustain the life of the patient, and in any measure to lessen the exhausting hemorrhage, or to retard the growth of the abnormality, until the advent of this period of reprieve, are certainly worthy of our careful consideration.

All the several classes of cases just mentioned ;viz, those which cannot, those which will not, and those which ought not to be operated on by abdominal section are known—many of them—besides the burthen of the growth, to be subjected also to the most profuse, alarming and exhausting hemorrhages. Their pale and œdematous faces, their dropsical limbs, their oppressed and gasping respiration, and the tumultuous action of the feeble heart, tell us, at a glance, of a stage of exsanguination almost incompatible with continued existence. In profound interest, not unmixed with alarm, we debate in our minds the momentous question: “Can she hold out, to reach the longed-for goal of her relief?”

Wide observation in regard to many subjects even in the extreme condition here represented, endorses the answer given by Keith: “Even in the worst of them, the chances are, that they will live on—not in comfort, certainly, some perhaps in misery—but still they will live, and not die.”

It is in behalf of such cases and others of a less threatening aspect and milder type, that I advocate the record of our experience and the results of such treatment as they admit of.

With a cordial recognition of the fact that such cases are not generally left without attempts to repress the hemorrhage, and to stay the exhaustion incident to the advance

of the disease, I desire to give a brief statement of the methods I have pursued in regard to them from an early period of my professional life.

For this treatment, I lay claim to no special originality, except perhaps for the systematic combination of the medicinal agents; but I would urge its adoption as suitable to a large number of those cases of uterine fibromata and other pelvic tumors in which operative procedures have been decided against, and in those that are in expectancy of the menopause. Few women with uterine non-malignant and pelvic growths have applied to me in the past thirty years, and more especially where bleeding and atonic conditions were involved, who have not been placed with marked benefit upon the treatment herein reported. In the large majority of these cases the blood-losses were greatly diminished and a better condition of health and strength secured; in many the rapidity of the growth was obviously retarded, while in a few the diminution and final removal of the tumors seemed to be the happy result of the continued medication.

In condensed statement, I may say that the iodide of potassium in combination with tartrate of iron and potassa, and ergot in combination with quinine—these agents being persistently continued, constitute the *basis* of the medicinal treatment referred to.

I will not here discuss the physiological action or the therapeutic efficiency of agents so widely familiar to the profession, and so generally resorted to, in many conditions of disease.

I will tersely make a statement of the method and mode of their administration adopted.

For many years the following was the formula for the iron and iodide of potassium:

R_x. Ferri et potassæ tart.

Potassii iodidi aa..... ʒvj.

Syr. zingiberis.

Aquæ aa..... ʒiv.

M. S. Shake the vial, take 1 or 2 teaspoonfuls 3 times a day, in ½ glass of water before meals.

The above was found to be a muddy and unacceptable combination from precipitation, though the therapeutic effect of the medicines seemed not to be impaired.

At the present time, the following is the preparation used :

R_y. Ferri et potassæ tart.....℥vj.
Syrupi.....℥viij.

M.

R_y. Potass. iodidi.....℥vj.
Elixir. simplicis (vel aquæ).....℥viij.

M. S. Take one or two teaspoonfuls from each vial three times a day in half a glass of water, before or after meals.

In addition to the above, I seldom omit, whether the cases are marked by excessive hemorrhage or not, to place the patient upon the following combination :

R_y Quiniæ sulph.....℥ij.
Ext.ergotæ solid.....℥iiss.

Mix and divide in forty pills, cover with capsules.

S. Take one pill twice daily.

In the submucous variety of uterine fibroids—intra-uterine polypi—metrorrhagia is frequent and profuse, or it may be constant and in a milder flow, but the subjects are always anæmic, somewhat dropsical, with heart and lung perturbation under the least fatigue.

The indication in such cases, is not so much to check the growth, or to diminish the size of the tumor, as it is to check the hemorrhage, rehabilitate the blood and promote the expulsion of the fibroid from the uterus, that it may be removed by operation.

In this class of cases I therefore eliminate the iodide of potassium from the treatment, and place the patient on the following:

R_y. Ferri et potassæ tart.....℥iij
Extract ergotæ solid.....℥ij
Quiniæ sulphat.....℥ij

M. and divide in 40 pills. Take one pill morning and noon before eating.

Under the above treatment the tumor is expelled into the vagina, in from two to six weeks, the metrorrhagia greatly diminished or arrested, the complexion and strength improved, while the patient is put in better condition for the operation, whether by ligature, ecrasseur or excision. In these cases of course the expulsive efforts of the uterus are principally promoted by the ergot, but to the quinine, besides its action as a general tonic, I attribute a material influence in giving steadiness and persistence to the uterine muscularity. Its effect also on the middle or muscular tunic—of unstriped fibre—of the arteries, is as I have elsewhere stated* similar to that of ergot on the uterine muscle, constructed of the same kind of fibre. By this same physiological action, and its attribute of lessening the morbid supply of blood to the growth, I believe it to be valuable in checking the increase of the subperitoneal fibromata, as well as that of other tumors and infarctions within the pelvic cavity unconnected with the uterus.

As to the action of iodide of potassium as an element of this treatment, in view of the wide-spread and, according to many, still widening influence of syphilis, transmitted or acquired, over histological economy,—this agent may be supposed, on this account, to exercise a beneficial influence in the reduction of these neoplasms in some cases.

In the present connection it must not be regarded as far fetched or out of place, to refer to some of the circumstances by which many of the women laboring under pelvic tumors and infarctions are conditioned, especially those in the South and Southwest and in other malarial regions; along with their local disease and the exhausting drain attending it, they are the subjects of an abiding *toxæmia*, imposing upon them a constant liability to intercurrent paroxysms of fever of the most depressing character. These not only interrupt treatment, but increase the turgidity of the morbid growth, increase the blood-losses and superadd complications every way undesirable. Apart then from any special

* See Transactions American Gynecological Society Vol.V, 1880. The Prophylactic and Therapeutic value of Quinine in Obstetric and Gynecic Practice.

influence over the growth, the widely recognized prophylactic and antidotal influence of quinine will render it acceptable as an element of treatment in such tumors to a large number of observant practitioners.*

The considerations heretofore presented have had in contemplation, women in the middle and later stages of menstrual life, who have been discovered to be the subject of uterine and other pelvic growths and suffering from the disturbing and exhausting results attendant upon their presence and advancement. This is the period at which most of these tumors come under the purview of the gynecologist and general practitioner. It is the period of greatest activity of the growth, of the most frequent and abundant hemorrhage, and of the greatest exhaustion and danger to the woman. From this time to the completion of the menopause, all expedients are exhausted to check the hemorrhage, to sustain the vitality of the patient, and to prop her in her staggering journey towards the goal of her relief. This is the period, too—treatment having been neglected or failed to stay her downward progress—when abdominal section with the view to oöphorectomy, extirpation or hysterectomy, can, not unwarrantably, be debated; but as I think, always only as a last and desperate resort.

It is in view, as I have said, of cases in this stage of menstrual life, that I have endeavored to formulate and systematize from the records of a somewhat extended experience a persistent course of medication and management, that may serve to sustain and guide the woman through the bight and narrows of the most perilous strait in the progress of her disease.

I will here distinctly state that the treatment is not instituted with the expectation of removing the enormous growths and uterine fibroids that distend the abdomen, but for rendering them less burdensome; not with the expectation of entirely arresting or preventing the hemorrhage,

* I here take pleasure in referring to a valuable paper on "The Sulphate of Quinine" published in the *Virginia Medical Monthly* and afterwards in a separate volume by Prof. O. F. Manson, M. D., of Richmond, Va. This paper defines the uses and extends the applications of quinine, and is well worth the perusal of every practitioner of medicine in the South.

but rendering it less profuse and exhausting ; not with the expectation of restoring health, but for rendering disease, dire and dreadful, more endurable.

It may be asked if the treatment herein presented has been found always more or less beneficial in uterine fibroids and other pelvic growths?

In reply, I may say I do not remember ever to have known a simple or multiple fibroma of the uterus to directly cause the death of the subject, but in the low condition of exsanguination and exanimation caused by the hemorrhage and irritation of fibroids, I have seldom failed to realize marked improvement in the general condition of the patient, and in many cases I have observed what appeared to be a notable retardation in the increase of the growth. In several pelvic and abdominal tumors of both men and women, unconnected apparently with the uterine apparatus, I can report decided benefit to the general health and marked reduction and even disappearance of the tumor, in the prolonged use of iodide of potassium in combination with tartrate of iron and potassa. Of course, there are some cases of pelvic tumors or infarctions in which, while this or something similar may be the only *rational* medication practicable, yet, no reasonable expectation of relief can be entertained. The following is a notably disastrous case of this kind :

Mrs. H. S. G., the mother of many children, all grown, had long passed the menopause ; aged 56 ; when a hard resisting tumor, the size of an orange, was found pressing into the cavity of the pelvis. It was situated below the sacral promontory and appeared firmly attached to the anterior face of the sacrum. Its pressure soon interfered with the passage of fæces, which for a while was accomplished by mechanical means. The progressive growth and tight impaction soon caused perforation of both the rectum and bladder resulting in free escape of fæces and and urine into the vagina. Numbness and paralysis came on from pressure on the sacral nerves. The circulation became interrupted by pressure on the large arterial trunks

at the pelvis, and the patient died in less than one year from the discovery of the tumor, with irritative fever and exhaustion from gangrene of both her lower extremities.

Extirpation of the tumor, either by the vagina or by abdominal section, did not appear to be a very practicable or hopeful measure, and the attempt was persistently rejected by the patient.

The above case is recorded here more as an illustration of the phenomenal disasters which attend the detention and locking of a growing tumor within the bony pelvis, than for the purpose of exhibiting the success or failure of any treatment, either medicinal or operative. Any sub-peritoneal uterine fibroid that happened in a certain stage of growth to be detained in the bony pelvis, might become in a like manner impacted with an equally fatal result. The ascent of these uterine fibroids out of the bone-girt pelvis into the more roomy cavity of the abdomen, must be recognized as an important episode in the history of their growth for the safety of the patient. On more than one occasion I have been able to relieve patients from distressing pain by a simple dislodgement of the tumor, when partially jammed in the pelvis.

As I have heretofore said, my remarks have related to cases of fibroma and other pelvic tumors in the middle and later stages of the menstrual life of the woman, when the reduction of the growth was less the object of treatment than that of carrying them on safely to the period when their gradual decline and subsidence might be hoped for by the advent of the menopause. Varying from this class I find among my records the notes of two cases of women at an earlier period, in which treatment seemed to be followed by the removal of all traces of the pelvic infarction, together with the perturbations of menstruation which had marked their presence.

Miss S. A., of Washington, Ga., aged 22 years, in the spring of 1869 was referred to my care by the late Prof. Jos. A. Eve, of Augusta. This young woman had been the subject of impaired health for over two years. Her symp-

toms, as reported, were disturbed and irregular menstruation, the flow being sometimes deficient, and at others amounting to profuse hemorrhage, with general emaciation and enlargement of the abdomen, which last feature had recently greatly increased.

On examination with Dr. Eve and Dr. H. H. Steiner, the patient was found to be anæmic and extremely emaciated. The abdominal enlargement resembled that of a woman eight months advanced in pregnancy. This was principally due to ascitic accumulation in the peritoneal cavity. By firm pressure nodulated masses could be felt in the hypogastric and iliac regions. Vaginal exploration found the uterus fixed in the pelvis, and bimanual pressure indicated the connection of this organ, apparently, with the pelvic tumor. There was more or less vesical tenesmus, with scanty and turbid urine. The bowels, though torpid and constipated, presented no indication of mechanical obstruction.

After some previous treatment with laxatives and diuretics, the patient was placed within ten days upon the following prescription:

R; Iodide of potassium

Ferri et potassæ tart. \overline{aa}grs. 320

Water

Ginger syrup..... \overline{aa} \mathfrak{z} iv.

M. S. Take one dessertspoonful, three times a day, before meals, in one half glass of water.

A highly nutritious diet was maintained.

The case occurred at a period anterior to the free use of hot water by the vagina as recommended by Emmet, and of hot water by the rectum, as recommended by Chadwick, (see hot rectal douche, Amer. Gynæcological Transactions Vol. 5), and no local measures beyond a daily vaginal injection of tepid water for the leucorrhœa, was recommended.

The patient remained under observation for two months, during which time the ascitic accumulation had disappeared, the pelvic tumors had become less prominent, and the

uterus easily movable in the pelvic cavity. There was no return of menstruation during her stay in Augusta. The complexion, strength and general health of the patient having been greatly restored she returned to Washington to continue treatment at home. Letters from the patient informed me of the re-establishment and regularity of menstruation and of the complete recovery of her health.

The treatment with occasional interruptions was continued for eight months.

By palpation over a year after, no trace of the tumors could be discovered. No vaginal exploration was made.

This lady called to see me several years after, as she kindly and truly said "to show me that she was well, as she knew I would be gratified at the success of my treatment."

Mrs. G. I., of Louisville, Ga., aged 24 years, came to Augusta, July 3d, 1885. She was weak anæmic and greatly emaciated from loss of blood. She had spent most of her time for several months upon her bed. In a recent "turn" the hemorrhage had been so profuse and exhausting that her husband became alarmed and her medical attendant referred her to me for examination and treatment.

The abdominal wall was flat and somewhat retracted. There was no indication of enlargement in either of the iliac regions, but in the hypogastrium there was a decided elevation above the pubic brim of the pelvis, as if by a distended bladder, or by the uterus in the fourth month of pregnancy. The tumor was firm and resisting to external pressure and apparently devoid of acute sensibility. Vaginal exploration revealed the same hard and rotund body pressing against the posterior face of the pubic wall and pushing the vault of the vagina downward, so as to obliterate the cavity. She had been for some time past troubled with vesical tenesmus and some dysuria. Where the bladder, with any degree of distension, could be accommodated in this thorough occupation of the pelvic cavity, it seemed difficult to say.

On making the most careful and extended efforts to ex-

plore the cervix it was found to be entirely out of reach, from the extreme anteversion of the enlarged uterine globe. The organ was firmly fixed—impacted—in this anterior obliquity.

A few days later, my friend, Dr. John S. Coleman, was requested to assist me in a more thorough examination by the vagina and, if possible, in an exploration of the uterine cavity. In no position, whether dorsal, semi-prone or genu-pectoral, could our combined efforts secure any change in the position of the massive uterus, or bring the cervix within the reach of the finger. The patient being greatly enfeebled from her recent loss of blood we were unwilling to fatigue her further, or to attempt probing unless guided by the touch.

I placed the patient, the day after arrival upon the following:

℞ Potassii iodidi.....ʒxij.

Elixir simp.....Oj.

Mix and write: Dose one or two teaspoonfuls in combination.

℞ Ferri et potassæ tart.....ʒxjj.

Syrupi zingiberis.....Oj.

Mix and write: Take one or two teaspoonfuls from each bottle, before each meal, in $\frac{1}{2}$ glass of water.

In addition to the foregoing:

℞ Ext. ergotæ solid.....ʒiss.

Quiniæ sulph.....ʒjj.

Mix and divide in 40 pills, cover with capsules; write: Take one morning and at noon.

A tepid vaginal douche was directed to be made night and morning. The patient was also requested to assume the genu-pectoral position each night and apply the repository tube, to allow air to enter the vagina.

Though under this treatment the patient rapidly improved in color, in flesh and in strength; though she was able to leave her bed, and, once or twice, had gone upon the street, daily repeated examinations in knee-

breast posture failed for a long time to discover any diminution in the size of the mass, or the slightest change of its position, under either digital pressure or reversal of gravity.

On the 29th of July, over twenty days from the beginning of treatment, I perceived that decided movement in the uterine globe attended the entrance of air—and the patient told me that for the last few days, air would puff out of the vulva after lying down from the knee-breast posture. This entrance of air indicated movement, and a less tightly impacted condition.

July 30th Mrs. J. returned home, with directions to continue treatment.

Sept. 20th, 1885, Mrs. J. returned to Augusta for further examination and advice. Various letters had reported her as constantly improving in general health and activity since July 30th. Palpation could discover no tumor in the pelvic region. On vaginal exploration the uterus was found low in the cavity of the pelvis, but only slightly anteverted. The most surprising diminution in the size of the organ was observable, and its perfect mobility in every direction was apparent. On placing her in genu-pectoral posture, air quickly entered and distended the vagina on opening the vulva, and the uterus retired by reversed gravity, above the normal plane. An elastic ring pessary $3\frac{1}{2}$ inches in diameter was applied to sustain the organ in proper elevation. She had had two returns of menstruation without tendency to hemorrhage. The uterus, though greatly reduced, was evidently at this time still considerably above its normal size and weight.

Recommended continuance of treatment. Oct. 21st, 1886; at this date Mrs. J. paid her last visit. She called for examination as to her condition, and to have the pessary, which she said added to her comfort, renewed. One could scarcely recognize in this cheerful, ruddy and majestic woman, the dispirited, pale and almost bed-ridden patient, of over a year ago. She had continued treatment, somewhat interruptedly, to the present time.

Though I did not measure the cavity with the sound, I

may state that the uterus is reduced to the normal dimensions, and is normal in contour and position, except a slight tendency to prolapsus, due probably to its prolonged abnormal condition and relaxed ligaments. Menstruation had been regular and normal for over a year, and in every particular her health seemed fully restored.

She was advised to continue her medicines for a while in reduced doses, after which she might probably safely abandon medication.

I have seldom witnessed relief from a grave and threatening condition, which appeared to be so directly attributable to the influence of the treatment adopted.

In conclusion, were I to endeavor to formulate *principles* from the foregoing considerations, and from my own observation and experience, the following may perhaps be legitimately stated :

First, that a large proportion of uterine fibromata and other pelvic tumors outside the ovarian cysts, are not properly the subjects for surgical treatment, either by hysterectomy, oöphorectomy, salpingotomy or excision.

Secondly, though these growths, especially the uterine fibroids, seldom *per se*, destroy the life of the subject, and are limited in the duration of their injurious influence, they yet impose upon the woman a prolonged period of depression, exhaustion and ill health, during which period she is liable to succumb to intercurrent invasions of disease before the establishment of the menopause, or the time of expected relief.

Thirdly, that a systematic and persistent therapeutic course, rationally adjusted to the nature and condition of the disease is highly desirable.

Fourthly, from the known physiological effects of ergot in combination with the salts of quinine, and of iron, with iodide of potassium, and in view of the results above presented, we may regard such a combination as rationally applicable, during the prolonged period of hemorrhage and exhaustion so frequently marking the progress of these pelvic growths.

Fifthly, that while such medication cannot be expected ordinarily to remove large fibroids, or materially arrest their advance—it exercises marked influence in diminishing the blood-losses, and in improving the nutrition and general health of the subject of such tumors; and in some rare instances, apparently in younger subjects, it results in the entire disappearance of the growth and its deplorable concomitants.

And lastly, that in view of the danger of impaction, much pain being often produced from this cause, with increase of bleeding, a womb with growing fibroids should be frequently lifted out of the cavity of the true bony pelvis, by nightly self-replacement in the knee-breast posture.

Chronic Spasm of the Membranous Urethra Treated by Perineal Section. Care.*

By EDMOND SOUCHON, Professor of Anatomy and Clinical Surgery, Tulane University of Louisiana.

Spasmodic strictures of the urethra are not very common and are very little understood by the profession generally. This was my case when some years ago I stumbled against my first case in company with my friend, Dr. J. Borde, of this city. We blundered about it, and its treatment particularly, until our poor patient left us and returned to the country after he had been dilated in all conceivable ways internally, and had had all sort of instruments passed through his canal. The doctor and myself both felt very much annoyed and discontented at having accomplished so little for the relief of this patient, and we determined to search the literature upon the subject. Dr. Borde was the first to find something, which was everything, containing all about the subject, symptoms, course, diagnosis and treatment; it was a most exhaustive monograph of Professor Dolbeau, of Paris, entitled *Spasm of the Urethra*. After reading it thoroughly there was nothing left to learn and so valuable was it that I decided to give the profession

* Read before the New Orleans Medical and Surgical Association,

at large the full benefit of our good fortune, and I published a summary of it in the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, of 1870. It will fully repay anyone the trouble of hunting up the number and reading it through. Those more thoroughly interested can get the original memoir of Professor Dolbeau from Dr. Borde himself. A remarkable feature about the disease is that in its first period it simulates stone in the bladder. Such cases have been operated for stone, and though no stone was found yet the patients were cured. The real nature of the disease and its treatment and cure were mostly discovered in that way. It consists in the perineal section of the membranous portion of the urethra.

Being well posted in regard to this most interesting trouble, I eagerly looked for a case to operate. I waited several years but at last it presented itself first in a patient of Dr. H. Bayon, of this city.

Case I. The man was nearly seventy years of age; he had been treated for years with metallic sounds which at first had given him some relief for awhile, when again he could only pass his water in a very irregular way, at times rather easily and at others with great trouble and in an irregular stream; the urine, however, being clear and free from mucus or pus.

After several years the sounds did him no good; it was with the greatest difficulty that one could be *occasionally* introduced. He presented some peculiar cerebral symptoms; thus, he could not walk slowly on the street, he always walked fast and with his head up; when accompanied by his wife who could not follow his gait, he would stop awhile until she had caught up with him and then start again with long strides. He could not sleep in the recumbent position; he had to be propped up in bed in a sitting posture almost.

Finally, his condition became so unbearable to himself that he told Dr. Bayon that if something was not done for him he would commit suicide. It was at this point that the doctor called me to visit him. We proposed the perineal

section which was accepted. It was with some little apprehension that we presented the chloroform to his face, on account of his cerebral symptoms, but he took it very well. An attempt was then made to pass a grooved staff but failed altogether; however it was retained in position as far as it would go so as to locate the bulb. I then proceeded to cut the membranous portion without a guide. I made a vertical incision on the middle line and being guided by my finger in the rectum on the apex of the prostate gland and occasionally feeling in front through the wound for the end of the grooved conductor in the bulbous portion, I cut gradually, layer by layer. When I thought I had perhaps gone deep enough I would introduce an ordinary pocket case grooved conductor and would try to penetrate into the bladder. After two failures I succeeded in a third attempt in penetrating the bladder. I then worked the conductor up and down and laterally with some force so as to dilate the membranous portion with it as much as possible. Having thus obtained a certain amount of dilatation I introduced an ordinary uterine cervical dilator and opened its branches to the full extent; this produced sufficient dilatation to enable me to introduce a Tiemann's Rectal Dilator and start the screw to open the neck of the bladder. When the instrument was half opened which caused a stretching of the parts for nearly three quarters of an inch, I paused and hesitated a moment. If continued to the full capacity of the instrument would not the dilatation be too great and would it not be followed by incontinence of urine? And yet, on the other hand, if the resistance of the fibres was not thoroughly overcome the disease might soon reproduce itself and the patient be as bad off as before undergoing the ordeal. After some little reflection I thought the poor man would prefer to wear a urinal than to see some day his old enemy return; so I worked the screw on and dilated the blades to their full capacity. The dilator was then removed and a number eighteen metallic sound was passed through the meatus down the canal into the bladder. This was left in a few minutes then was removed. The patient

was placed in bed on his back and no particular treatment was applied to the wound. No effort was made to keep it from uniting nor any made to make it unite rapidly. Great care was taken though to pass, every day, as large a metallic sound as he could stand, clear through the meatus and urethra into the bladder; it was allowed to remain a few minutes and then it was removed. In a few days I taught him how to do that himself and he succeeded admirably. He made a very fine recovery in about three weeks without any incontinence of urine whatever, and gradually, even his cerebral symptoms disappeared. However, he was advised to pass the sound occasionally to make sure of a good canal.

Case II. Very recently I came across another case, presented by a young physician, of this city, of about thirty five years of age. For the last ten years he says he has been suffering with all the symptoms of spasmodic stricture of the urethra. At times a pretty good sized instrument could be passed and at others no instrument, large or small, could go through. Sometimes he would pass his water pretty freely and sometimes with the greatest difficulty, the stream being often interrupted during micturition. His urine has always been clear, seldom presenting mucus or blood, and no pus. He had applied to some of the very best surgeons in this city who had erred about his case as I had about my first case before I had read Dolbeau's paper. They passed all sorts of instruments through him and also performed internal urethrotomy. But it was all of no avail; it caused much pain but had no action whatever on the disease itself. I would occasionally meet the poor doctor on the street and he would tell me of his sufferings which were plainly visible on his face and in his manners, as were also the effects of the morphine to which he had taken to relieve his pains. I would tell him about Dolbeau's memoir and my translation, of the case on which I had operated successfully, and I placed myself at his command either to operate myself or assist anyone he would select to perform the operation. He was very much tempted many

times but could not make up his mind. Finally, however, he decided to be operated upon. He secured a room at the Hotel Dieu, and with the kind and valuable assistance of the House Surgeon, Dr. F. W. Parham, of Dr. E. S. Lewis and of Dr. R. Matas, the operation was performed. He took the chloroform badly, struggling much and becoming swollen and blue in the face so as to cause us some little anxiety. When he was finally fully under the effects a grooved staff was passed without difficulty through the urethra into the bladder; this was firmly steadied as in lithotomy. I made a vertical incision on the median line of an inch and a half, extending to within about a half inch of the margin of the anus. After cutting through the superficial structures I easily felt the groove of the staff and made a cut on it of about a quarter of an inch. The staff was removed and a uterine dilator was then introduced into the bladder and opened to its full capacity; upon its withdrawal, Tiemann's Rectal Dilator was introduced into the bladder and gently and slowly worked to its full extension. A large metallic sound number eighteen, was then introduced through the meatus and down the canal into the bladder and went through without any difficulty whatever. The patient soon recovered from the effects of the chloroform and was put to bed, no particular care being taken of the wound, either to make it heal nor to keep it from closing. Some fifteen days later he left the Hotel Dieu for his home. I saw him lately and from the account he gives of himself I find that his bladder troubles are over, but he is still a slave to morphine. These statements are confirmed by both his brother and mother.

Since it is not easy to have access to the number of the Journal referred to, the reader will find below a reproduction of the résumé of Dr. Dolbeau's paper.

CHRONIC SPASM OF THE MEMBRANOUS URETHRA.

The disease is an idiopathic spasm of the membranous portion of the urethra and neck of the bladder. It comes on

without any appreciable cause; but has been more frequently observed in subjects of a lymphatic and sanguine temperament or of a gouty family. The disease presents three periods in its evolution.

The *first period* is the period of spasm. Micturition is frequently hasty and involuntary; sometimes the patient has to urinate several times in an hour and even as often as every ten or five minutes. There is generally an acute pain during micturition, but especially at the end; there is also at that moment some blood mixed with the urine. Upon exploring the canal with a number 10 or 11 bougie, specially an olive shaped bougie; it is stopped at the membranous portion, but if it be kept in place some time, with gentle pressure, the obstacle gives way and the bougie is easily introduced into the bladder. It is also very easily taken out after a little resistance at the membranous portion.

The *second period* is the period of contracture. Micturition is more frequent, the pain more acute and the blood is more abundant; there is also then more or less pus in the urine. The bougie overcomes the obstacle with more difficulty and is not so easily taken out. The general health of the patient begins to break down.

The *third period* is the period in which the bladder and the kidneys become affected, consecutively or secondarily. All the preceding symptoms increase; the blood and pus are abundant; there are intense pains in the loins and irregular attacks of fever, which indicate that the kidneys are being affected. The general health gets gradually worse and the patient succumbs.

The duration of the disease is from three to eight years.

As regards the course of the disease, it results from the description of the symptoms, that the disease begins by transient painful contractions of the muscles of the urethra, which become more and more frequent. After a time the contractions from being brusque and transient become permanent; the spasm of the urethra is converted into a contracture and from that moment the bladder and the kidneys become diseased on account of the retention of urine

which follows the contracture. This can be overcome still, but it requires more straining, yet the bladder cannot be completely emptied; there is retention of urine and there results an hypertrophy of the bladder, followed by dilatation and a congestion of the mucous membrane, which ends in an inflamed condition with blood and pus. At a later period the kidneys become affected and at that time, more particularly, the system at large becomes impaired and the patient dies.

The disease might be confounded with several other affections, as neuralgia of the bladder, cystitis, organic strictures, and vesical calculus; but by studying the case carefully and comparing it with those diseases, errors will be readily avoided. I shall call here special attention to calculus in the bladder, which bears the closest resemblance with the disease we have described. Many patients have been operated upon for stone in the bladder where no stone was found and nevertheless they were cured of their trouble. As regards the treatment, opiates, belladonna and bromide of potassium are the remedies which succeed best in procuring relief, but nothing short of an operation will give a permanent cure. This operation consists in the division of the muscular fibres of the membranous portion of the urethra and of the neck of the bladder. The external or perineal section is far better, safer and easier to perform than internal urethrotomy. It is very important to operate before the bladder, but especially the kidneys, become diseased. If the operation is performed after that time, the patient is relieved of the spasm, but sinks under the suppuration of the kidneys.

The disease exists with the same peculiarities in the female. In their case, forced dilatation might be better than the section.

HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

A CASE OF PARALYSIS OF THE HEART FOLLOWING
DIPHTHERIA.*

Reported by DR. JOHN DELL'ORTO, New Orleans.

I.

In the first days of October, 1886, S. E. applied to me at my office for consultation about one of his children, whom he had left at the house suffering from fever and a slight cold. Three days afterward the gentleman returned and related to me that the child was better, he had no more fever, but he complained of sore throat.

I told him that I would like to see the child before prescribing again. So I went to the house, and found that it was a case of diphtheria.

The patient was a boy five years old; a very bright and intelligent little fellow.

Outside of the local characteristic symptoms of the disease, the child looked well and gay—he was without fever; there was no difficulty in swallowing; he could eat and sleep well. I put him under the treatment of perchloride of iron, both locally and internally administered. He was constantly well nourished and perfectly nursed by his parents. At the end of ten days all the local symptoms had disappeared.

A sister of his, two years older, was sick at the same time, and under the same treatment. On the eleventh day after my first visit (on the fourteenth of the disease), I found the girl convalescent, but the boy was worse. Symptoms of general blood-poisoning had manifested themselves during the night, such as fever (101-102), loss of appetite, nausea, occasional vomiting, looseness of the bowels, insomnia. Suspecting the existence of worms in the intestinal canal, I prescribed some calomel and santonin, followed by a dose of castor oil. The result proved the correctness of my suspicion.

* Read before the New Orleans Medical and Surgical Association.

With the administration of small doses of quinine, and the continuation of the preparation of iron, the fever disappeared, the appetite and sleep returned, and at the end of one week all indications pointed to a prompt convalescence.

On the night of the twenty-fifth day he suddenly woke up vomiting, complaining of pains in his bowels, of a slight difficulty in swallowing (paralysis of the palate), with palpitations, and a feeling of suffocation. Tincture of opium promptly relieved him; abundant nutrient enemata were ordered. Tincture of digitalis, mixed with iron, was also administered, but I was compelled to stop on account of the vomiting which the remedy caused.

After that date I noticed that the palpitations occurred by spells, and then I could hear the ventricular cardiac contractions to be continued. There was no rest—no diastolic sleep (Fothergill would say) after the second sound. It seemed as if a struggle was going on between the muscular fibres of the heart and the blood; it seemed as if they (the fibres) were answering angrily to the morbid stimulus of the diphtheritic blood, which was trying to cause disintegration in their very chemical elements, and before long their retrograde metamorphosis into a fatty inert mass.

And so it must have happened. On the thirty-sixth day, while the child appeared to be much better, he passed away without any agony, without any pain, without any struggle—his heart had gone to a stand-still!

Some text books call such a death in diphtheria paralysis of the heart; and paralysis of the heart was put down in my certificate.

II.

There are several points of interest in this case, to which I am pleased to call the attention of the Association.

1st. The appearance of the constitutional symptoms, immediately after the disappearance of the local throat symptoms; while the throat of the sister, who recovered in a few days, was still diseased.

This fact seems to favor the parasite theory of Oertzel, Litzerich and others, who believe that diphtheria is primarily a local disease, and the general infection a secondary affair caused by the consecutive entrance of the sporæ of the micrococci into the current of circulation.

It seems to me, however, that this fact is not sufficiently strong evidence against the other doctrine, that makes of diphtheria a general infectious disease from the commencement, and considers angina the local specific manifestation of it; and to this latter view I am more inclined, on account of the fever that always precedes the angina. Thus looking back over my practice, I do not remember to have seen one single case of genuine diphtheria without fever at the very beginning, such as we see in small-pox and scarlatina; in which, after one or more days of fever, there is a calm, and local outside manifestations appear. In some cases (happily the majority) the disease, modified by a rational treatment, runs through its natural course to a complete recovery, while in others a more dangerous re-infection may take place and jeopardize the life of the patient.

An Italian specialist, Prof. Ferdinando Masseo, of Naples, in a series of lectures, published in the *Gazzetta Medica di Torino* (1884), says: "With the respect that I have for the distinguished pathologist of the parasite theory, I am compelled to say, that my clinical experience has taught me that angina diphtheria is primarily an infectious disease, and that, by the side of this *centrifugal* infection, there is a re-infection, which I would call *centripetal*, or auto-infection dependent upon the re-absorption of the products of this specific phlogosis. It is evident that the smallest particles of pseudo-membrane, the smallest quantity of a sloughing pathological tissue may be absorbed by the blood, and cause a serious secondary infection."

2d. I said, that the text-books call such a death, as I have described, paralysis of the heart.

Is it a real paralysis?

The results of the autopsies made during the last year seem to prove, that these deaths are mostly due to cardiac thrombosis, or to fatty degeneration of the heart.

Labadie Lagrave in one half of his post-mortem examinations has found numerous granulations on the free margin of the mitral valve characteristic of endocarditis, so, by this way, he says, we may explain the many facts which we observe in this disease, that are most probably connected with thrombosis of the heart, or vessels.

At the last meeting held by the British Medical Association, at Brighton, on the 12th of August, 1886, Dr. Chaffey read a paper upon fibrinous deposits within the heart in diphtheria and some other diseases. "Of twenty-three post-mortems on diphtheria cases (*London Lancet* Oct. 1886), more than one half showed marked fibrinous deposits. They were situated chiefly in the right cavities, though to some extent the left cavities suffered also in most cases. In seven of the twenty-three, the right cavities were nearly filled with firm decolorized fibrine. Dr. Coupland confirmed, from his experience, the comparative frequency of cardiac thrombosis in diphtheria, to which cause was often owing the sudden death, frequently attributed to cardiac paralysis, which occurred in diphtheria. It mostly happened after the local diphtheritic symptoms had passed away, and was due as Dr. Chaffey said, to weakening of the heart walls by fatty degeneration, and sometimes to interstitial myocarditis, as in a case under Dr. Coupland's care. Leyden had described diphtheritic myocarditis and detected micrococci in the inflammatory exudation.

The President confirmed what had been said, remarking that acute inflammation of the heart, due to inflammatory or degenerative changes was a frequent result of specific poisons."

3d. Of the different kinds of paralysis, which are the consequences of the diphtheritic poison, paralysis of the heart, is, of course, the only dangerous and fatal form. The others generally recover with time, and without any

special treatment. In a case of paralysis of the larynx with complete loss of voice, which I had under my care last year, 1-40th of a grain of sulphate of strychnine administered two or three times a day, proved to be very valuable, and I am sorry that I did not use it (at least hypodermatically) in this case, when I noticed the peculiar palpitations, of which I was just speaking.

4th. Paralysis of the heart occurs generally at an advanced stage of the disease.

My patient died on the 36th day.

Dr. Osettrame in the *Gazetta Medica di Torino*, speaks of a case, in which death occurred on the 50th day.

It was a girl of seven, who had from the commencement a most severe attack of diphtheria. Under the Doctor's treatment, in six days the child was out of danger, and with the continued administration of syrup of citrate of iron, aided by good nourishment, she seemed to have perfectly recovered. On the 50th day, while sitting at the table by her parents, and taking her dinner, she suddenly fell dead.

It is sad, very sad to witness such cases, after having fought the enemy during several weeks.

And the lesson which they teach us is, that we have to be extremely cautious in our prognosis, when we deal with a disease like diphtheria.

A CASE OF SARCOMA FOLLOWING LOCAL INJURY.*

Reported by ABSALOM PETTIT, M D., New Orleans.

About May 21st, 1886, while passing the house of Mr. H., I was called in to see his daughter, an ordinarily healthy looking girl of German descent and about fourteen years of age. She came limping into the room and complained of pain just below and to the outer side of the right knee. On examination found a little tenderness and swelling but no redness or other discoloration. Pain was most severe at night. The following history was elicited: Some twelve or fourteen days previous, she had a fall on the plank road and struck her knee on the edge of a plank by the gutter;

* Read before the New Orleans Medical and Surgical Association.

suffered much pain at the time but it soon passed off; next day the skin was quite blue but this also passed away in a few days. In about eight or ten days pain returned at seat of injury and grew worse daily. Could get no history of syphilis, but the father had epithelioma and had already been operated on twice. The grandmother, on mother's side, was the subject of leprosy. Ordered rest, potassium iodide and painting with tincture of iodine.

In about a week or ten days I was called to see her again. Pain and swelling were perceptibly on the increase.

She had followed former instructions very imperfectly. Ordered the same treatment to be followed more rigorously. Saw her again in three or four days and found some improvement as to the pain, but the swelling was somewhat increased, with a little obscure sense of fluctuation. Ordered increased doses of potassium iodide and the application of a blister. This treatment which consisted in the administration of iodide of potassium, local use of tincture of iodine, the application of a blister and continued rest, sitting or lying, lasted about ten days. On or about the 12 th of June, the pain being severe, swelling increased and fluctuation very decided, I punctured the part with a bistoury, hoping to discharge pus and thus relieve all the disagreeable symptoms; to my surprise however, instead of pus there was discharged about two ounces of dark fluid blood. On examination with a probe I detected a small spicula of bone in the cavity occupied by the effused blood and decided caries of the upper and outer surface of the tibia. The next day there was constitutional disturbance or fever and all the symptoms seemed aggravated. Told parents the case was a grave one, could not say what the outcome would be and requested a consultation. Dr. Pratt having practised for the family before and operated on the father twice for epithelioma, was sent for and met me next day, June 14th. The local irritation and constitutional disturbance which seemed to have been caused by the puncture and probing two days before had subsided. The Doctor having heard a detailed history of the case and observed

the local appearances, thought the swelling more due to hyperplasia than exudation and regarded the case as cancer. He met me again next day, June 15th, and, expressing some doubt as to the correctness of his diagnosis, proposed that we give chloroform, make free incision and explore with the finger; this we did, and found as before stated, the cavity formerly occupied by the effused blood, and decided caries of the upper and outer surfaces of the tibia. Finding a small fragment of tissue which from an unnatural fragility of the parts had been accidentally separated by the finger during examination, and inasmuch as the Doctor had suggested the idea of cancer, I sent it to Dr. H. D. Schmidt for microscopic examination. The next day, June 16th, patient had more pain, more swelling and more fever than before yesterday's examination; ordered quinine, and opiates more or less as required to relieve pain.

On June 17th, received a note from Dr. Schmidt saying that the specimen sent was a large-celled sarcoma, as malignant as cancer. Patient's condition to day same as before except that pain is relieved by opium and the wound has a gaping appearance and is not disposed to suppurate.

In consideration of the progress and present appearance of the case, and in consideration of the result of Dr. Schmidt's microscopic examination of specimen and the errors of nutrition exhibited in other members of the family we reluctantly advised amputation of the leg above the knee. To an ordinary observer the case did not seem so severe or threatening as to indicate such a dire alternative, and so it seemed to the parents. Dr. S. Logan was called in consultation the next day, and unhesitatingly indorsed the advisability of high amputation. After forty-eight hours' consideration the parents concluded to take the chances of no operation. We were politely discharged, and a cancer-curer took charge of the case.

Patient, after much excruciating suffering, died on July 27, 1886, about two and a half months after the local injury was sustained. Saw the mother after the girl's death

and obtained from her the following facts as to the progress of the case after my discharge. Patient continued to have more or less fever and suffered most intense pain, except as relieved by large doses of opium; the swelling continued to enlarge and a cauliflower mass protruded from the gaping wound; frequent and severe hemorrhages occurred and pus was discharged from the other side of the leg.

This case is of peculiar interest, because watched from its incipency and known to be of local origin; also, because it seems to confirm the opinion that where there is a family predisposition to errors of nutrition, any slight local injury may suffice to set up one or the other of the diathetic diseases.

No amputation having been allowed enhanced the interest of the case, for its progress and fatal termination assured the correctness of the diagnosis. Had high amputation been performed and no return of the disease occurred, there would always have been an element of doubt as to the correctness of the diagnosis.

Dr. Pratt tells me that several years ago he met with a family, one of whom had a cancer supervening on an injury of the elbow, another cancer supervening on an injury of the knee, and still another had cancer of the lung, which latter, I suggested, might have supervened on a severe bronchial catarrh.

INCIPIENT LOCOMOTOR ATAXIA.—TWO CASES.

Reported by P. E. ARCHINARD, M. D., New Orleans.

CASE I.—J. A. W., white, male, aged 45 years, living in New Orleans for years, by occupation a steamboat agent, married, has four children, is a man of sober and regular habits, does not smoke or chew, seldom or never indulges in alcoholics, of good external appearance, with rosy cheeks and fair muscular development; he has never had any but trivial ailments of short duration; has never contracted syphilis. His family history shows a tendency to gout in his paternal ancestry, but no tendency to nervous affections.

* Read before the New Orleans Medical and Surgical Association.

Towards the beginning of August, 1886, or before, he began to be affected with what seemed to him neuralgia of the face on the right side together with queer numb feelings in the left upper eye-lid, and a peculiar tingling feeling in the face. This pain at all times paroxysmal, though acute, was never very intense, and felt more in the evening; it only occasionally kept him from sleeping. The pain and numbness which was limited at first, gradually spread over the whole face, being more marked over both eyes at the supra-orbital foramen, over the cheek bones and in the teeth and gums of both jaws. Thinking that this might be due to some decayed tooth, he went to his dentist, who examined his mouth and found the teeth in good condition.

Early in September the left upper eye-lid began to droop; he had some difficulty in keeping the eye open, unless his attention was completely kept upon it; he began also about that time to be troubled with pain in the region of the stomach accompanied with frequent belching and nausea and at times with vomiting, and that part of his forearm supplied by the ulnar nerve, together with the little and ring fingers on the right side became also affected with numb and tingling sensations. At about this time the patient went to consult a physician, who, by means of nervous tonics and digestants succeeded in diminishing the gastric disturbances, but the pain and numbness of the face and hand slowly grew worse.

He was referred to me in the beginning of November, 1886, when, in addition to the symptoms enumerated above, the following presented themselves: Double vision whenever looking at an object with the two eyes open, though sight equally good in both eyes; this diplopia made it impossible for him to write or read unless one eye was kept shut, and the drooping of the eyelid facilitating it he generally closed the left eye; when walking he had also to exclude this same eye by means of a bandage; the left pupil was perceptibly smaller than the right and the drooping of the lid well marked; the gastric pain had re-

turned and he complained of a good deal of nervous irritation at nights; the patella tendon-reflex was altogether absent; standing with the eyes closed and the heels together gave rise to slight oscillations of the body, but he managed not to fall; tactile sensibility in the face and right arm was markedly less acute than in other parts of the body. I put him on strychnine, with diluted phosphoric acid, and applied the mild constant galvanic current to the spine and sympathetic three times a week; at his request I also gave him a prescription of bromide of potassium and chloral hydrate to bring on sleep at night when he felt restless.

I again examined him last week and found the same condition of things, except that the ataxia was more marked when standing or walking with the eyes closed; and he also complains of not being able to write as well and as rapidly as formerly; the gastric symptoms had troubled him little or none at all since under my care; the diplopia is less marked and more bearable, but the drooping of the lid is, if anything, greater than before; the numbness of face and hand as marked, though the pain has diminished; the tendon-reflexes still totally absent; the restlessness is not so great and he sleeps better. The urine has been carefully examined, chemically and microscopically, and found normal; the heart and lungs are healthy.

CASE 2.—Mrs. T., aged about fifty years, a milliner by occupation, widow, has had one child, gives no history of syphilis or any previous diseases, no hereditary taint or tendency to nervous affection; she is blind in the left eye, and up to one year ago had enjoyed very good health, and with the exception of some trouble with her urine had never had occasion to consult a physician.

She came to consult me in July last, upon the advice of her oculist, whom she had gone to see about drooping of the upper lids. Upon examination I elicited the following history. For about three years she has been troubled with difficulty in making her urine; this difficulty consists in its

taking her a longer time than necessary to make her water and occasional slight dribbling; she seldom feels a desire to urinate, but by habit urinates three or four times a day. The urethra, bladder and urine are normal. Her worst affection is a sudden paroxysmal closure of the eyelids, which comes on her several times a day, sometimes lasting for hours, and during which she is unable to open her lids, even forcibly with her hands; this compels her to remain inactive a greater portion of time and requires her to be led like a blind person. These closures have been lately almost continual, scarcely giving her an hour respite in the day. On clear days the eyes remain open longer. The pupil in right eye is the size of a pin head. Associated with this is a constant numbness of the face, and a feeling as if the whole face was tightened up. Tactile sensation in the face is diminished, pain is felt acutely though retarded; she has at times sudden severe crampy feelings in the calves of the legs lasting a day or two, and then as suddenly disappearing; the patella-reflexes are altogether lost; on standing or walking with the eyes closed there is a perceptible ataxia.

My treatment in this case has been the same as in the other; that is, good hygiene, moderate exercise with appropriate mental and bodily rest, nervous and other tonics with the use of the galvanic current to spine and sympathetic. For a while some of the symptoms seemed to improve, but I think this was more due to the moral effect of the treatment on the patient than to anything else.

CASES OF OPIUM POISONING.

Reported by F. W. PARHAM, M. D., with the assistance of Mr. J. H. LAMB,
Resident Student, Charity Hospital.

CASE I.—Edwin Y., aet. 54, a native of England, cook by occupation, applied to me for admission into the Hospital about 2 P. M., November 29th, 1886.

He did not seem well, having the appearance of a man who had been on a prolonged spree. He was admitted to a medical ward and seen by me again at about 7 P. M. He

spoke to me and answered my questions intelligently, but seemed very much depressed and remarked that he was "gone up." I could get from him only a history of drinking and believing his condition dependent upon this, ordered him treatment accordingly.

Next morning Mr. Lamb and myself were called to see him. We found him in a comatose state, pupils small, respirations very irregular, shallow and infrequent; skin, covered with profuse, clammy perspiration; reflex almost abolished. The nurse told us that when he rose at 4 A. M., he found the man very drowsy; that the drowsiness had become more and more profound. He then had called us, not knowing what to do. The man's condition seemed beyond hope, but with characteristic energy, Mr. Lamb, the student of the ward, went to work with the battery and atropine and ultimately succeeded in restoring him.

Treatment was commenced about 8 A. M. In all about 1-15th grain sulphate atropia was administered hypodermatically, as follows: 8:15 A. M., 1-60th grain; 9 A. M., 1-60th grain; 10 A. M., 1-120th grain; 11-20 A. M., 1-120th grain; during the following night, in two doses, 1-64th grain. Under the influence of the atropia, the battery and flagellation, the man was gradually restored to consciousness. He did not, however, improve beyond this point. Pneumonia supervened and he died December 4th, 1886, six days after admission. The autopsy revealed inflammatory consolidation of both lungs.

Remembering his condition when I admitted him, I was under the impression that the man had taken the opiate during the night after admission, but after his restoration to consciousness he told me he had taken about 20 grains of morphine *before* he applied for admission, and that he had taken none since. His clothes were searched and no sign of any opiate in any form found.

He had occasionally taken opium in smaller doses before, but had not acquired the habit.

If his statement is correct the absorption was certainly very much retarded.

CASE 2.—R. W., æt. 42, a rather stout, plethoric man, was brought by the ambulance into the Hospital on December 23, at about 2 o'clock, P. M. Inquiry made by the ambulance surgeons elicited the statement of some of his friends that he was supposed to have taken, with suicidal intent some time previously, six drachms of laudanum. When the ambulance reached him he was sitting unconscious in a chair. Dr. Logan who had been called by the family, had already administered gr. 1-50 of atropiæ sulph. hypodermatically. The ambulance surgeons administered 1-20 grain apomorphia hypodermatically and conveyed patient as quickly as possible to the Hospital, where he was placed in the reception room. The patient was thoroughly insensible to all irritation. The pupils were very much contracted, the breathing very shallow, irregular and only four to the minute, the pulse compressible and 130 to the minute. The apomorphia was repeated but no vomiting could be produced. The stomach pump was used and the stomach washed out until the water came away clear. No odor of laudanum was detected. The Faradic battery was employed with some benefit to keep up the respiration, but though the frequency of the respiratory movements was increased, their character was not much improved. Atropiæ sulph., gr. 1-80, was injected and the arousing measures continued. In three-quarters of an hour, the breathing being not materially improved, another injection of atropia was given, this time 1-60 grain, making in all 1-20 grain injected in the course of about two hours. After the last administration the condition seemed to improve somewhat and it was thought the case might not altogether be hopeless. But at 7, P. M., although the respirations had become deeper and more frequent, the pulse, which had not correspondingly improved, suddenly disappeared and the patient died. Dr. Holliday, the family physician, who was present, informed me that the patient had been suffering from locomotor ataxia. The cause of death was undoubtedly heart-failure; the cause of the heart-failure was not ascertained since no autopsy was allowed.

CASE 3.—Ben L., æt. 33, a native of Pennsylvania, was brought by the ambulance into the Charity Hospital about 10:30, A. M., January 3, 1887. The history, obtained after his recovery, was that on Friday, December 31, 1886, being tired of life, he had, on suicide intent, taken of laudanum $\frac{3}{4}$ ss; that, not accomplishing his purpose, he had on the following night swallowed an ounce; and that, still failing, he had on Sunday night, January 2, taken a considerable quantity of morphine (the amount left in the $\frac{1}{8}$ -ounce bottle, which the patient had purchased, was weighed by the chemist of the Hospital and 16 grains found missing). When found by the ambulance surgeons the condition of the man was one of profound opium-narcosis. He had evidently absorbed a large quantity of opiate drug. He was thoroughly comatose, the pupils contracted to pins' points, the respirations very irregular, shallow and infrequent, at times not over two per minute; pulse rather infrequent and full; skin, cool and wet with perspiration; no reflex to light or other irritant. The ambulance surgeons had administered hypodermatically gr. 1-10 apomorphia and of sulphate atropia gr. 1-60, and on the way to the Hospital artificial respiration was performed and slapping of the face and breast. Arrived at the Hospital, his condition was only slightly improved; the respirations were somewhat improved in character and frequency, being sometimes as high as six per minute, but they would quickly diminish in frequency when the arousing measures were discontinued; 1-120 gr. atropia, was injected and the stomach-pump applied, but unsuccessfully, as the pump did not work well. The respirations not responding in about twenty minutes to the atropia 1-60 grain was injected under the skin and the Faradic battery continued intermittingly. After the last dose of atropia the pupils dilated and the general condition gradually improved. One hour after admission his condition was semi-conscious and he could be aroused by tickling him between the ribs. Though the respirations were markedly improved, the pulse had lost volume and become as fre-

quent as 168 to the minute. Fifteen minims of tincture of digitalis and 20 minims of brandy were injected subcutaneously. The pulse strengthened and improvement was progressive. The battery was occasionally applied up to 1, P. M., when it was discontinued altogether. He had taken altogether 1-24 grain of sulphate of atropia. 6, P. M.: Pulse, 120; respirations, 8; temperature, 99° Fahr.; conscious, but drowsy. The nurse was instructed to let him sleep unless his breathing became bad. January 4, A. M.: Pulse, 108; temperature, 98½°; respirations, 10; thoroughly conscious and easily roused. It was at this time that the above history was obtained. Magnesii sulph., ʒi, was ordered to relieve constipation, of which he suffered, and a general tonic treatment prescribed. He was soon up and discharged January 11, 1887, perfectly well.

FEMORAL ANEURISM, CURED BY FLEXION AND ELEVATION

Service of Professor T. G. RICHARDSON, M. D.

Reported by WILL HARNAN, Resident Student.

Santo D'Angelo, shoemaker, æt 55, a native of Palermo, Italy, was admitted into Ward 7, Charity Hospital, Dec. 11, 1886. He gave a history of a hard venereal sore eight years ago, followed by an eruption, and later by rheumatic pains, of which he still suffers.

The patient was rather anæmic in appearance, but his general condition seemed moderately good. Three months ago he first noticed below the left groin a small swelling, which increased rather rapidly in size, the tumor upon admission being large and of irregular outline, having diffused itself over a considerable portion of the thigh. The limb below the tumor was œdematous, and the patient complained of stiffness, pain and numbness down to the foot. The tumor was soft to the touch, elastic and compressible; it was diminished in size by direct pressure, and by pressure over the vessel on the proximal side of the tumor, increased in size by distal pressure; the tumor pulsated and expansion was well marked and uniform throughout its extent; there was no bruit. Prof. Richardson desired, be-

fore commencing treatment, to show the patient to the medical class, but the tumor increased so rapidly in size by the next morning that immediate action was called for. Ligation of the external iliac seemed inevitable, but it was deemed expedient to try first simple measures. By direction of Prof. Richardson, I devised, with the assistance of Mr. John Ponder, an apparatus which enabled us to combine continuous flexion and elevation of the limb. A Smith's anterior splint was bent at the knee to an angle of about 30° , and confined by a roller-bandage to the limb. The apparatus thus applied kept the leg flexed on the thigh. The foot-end of the splint was then attached to a pulley on a frame placed over the limb. The limb was elevated until the thigh was flexed on the abdomen beyond a right angle.

Three days later the aneurism ceased to pulsate, but the apparatus was not removed for two weeks, when the tumor was somewhat reduced in size.

January 5, 1887.—Patient was allowed to get out of bed.

January 7.—Patient discharged cured.

January 12.—Patient returned as requested. The tumor was greatly diminished in size.

LARGE MULTIPLE ABSCESES OF LIVER WITH EMPYEMA.

Reported by J. H. LAMB, Resident Student, Charity Hospital.

Gilbert G., æt. 32, a native of La., was admitted into Ward 15, Charity Hospital, Dec. 24, 1886. Gave a history of dysentery in August last; after this he had been well until eight days ago; since then he had had fever and a severe pain over the region of the liver. Examination showed marked tenderness over the liver and considerable enlargement in all directions, the organ reaching the nipple in front and the eighth rib behind. Bowels constipated. The fever continuing, the next day an exploration was made with a hypodermic syringe; only very dark blood came away. At night he was better. Dec. 26: It was thought advisable to use a longer needle and explore more deeply. This was done by Drs. Miles and Parham and a

syringe full of thin, ill-smelling fluid drawn off in the 7th intercostal space, laterally. The needle moved freely in the cavity. It was determined to aspirate or incise next morning (Dec. 26), but during the night there was quite a free discharge from the bowels of purulent looking fluid mixed with some blood-clots. As it was thought that the abscess had burst into the bowel, no operation was deemed advisable. The temperature had fallen to 99° F. At night the condition was worse, collapse being imminent. Next morning (Dec. 28), in collapse. Died 12 M. Dec. 28.

Autopsy revealed the abscess diagnosticated, but in addition two others, one in the posterior part of the right lobe, one in the back part of the left lobe, almost touching the stomach; liver immensely enlarged in all directions.

Considerable adhesion of right pleura to chest-wall and some sero-purulent fluid in pleural cavity.

Extensive adhesion of liver to duodenum and of pancreas to duodenum, but no bursting of the abscess into any portion of the bowel could be demonstrated. The lining membrane of bowel as far as traced was inflamed but no pus was found. Opening the cæcum, considerable thickening was seen; there was some pus in the cæcum and appendix and an abscess in the cæcal wall. The pus passed at stool evidently came from this point.

The points of interest in the case are: the probable involvement of the liver consequent upon the cæcal trouble and the existence of two large abscesses not suspected during life, and in situations that could have been with difficulty, if at all, reached by an operation, even if clearly diagnosticated.

CORRESPONDENCE.

PARIS LETTER.

(Our Special Correspondent.)

M. V. Cornil contributes the following notice of Paul Bert to the *Journal des Connaissances Médicales*:

The death of Paul Bert, which was announced shortly after the first news of his illness, created a deep sensation.

Paul Bert was gifted with a great intellect, admirable activity and a great power of oratory. An ardent patriot and devoted Republican, he accepted the distant mission to Tonquin, with the conviction that he would organize an efficient administration there, and establish a model colony for France, with important outlets for her commerce. He left, full of enthusiasm, in vigorous health, and with a well planned scheme of projects; now friends and enemies alike bow themselves before the premature death of one struck down while devoting himself to the service of his country. At the *Collège de France*, as *préparateur* of Claude Bernard, he was a valuable aid; in the hospitals he was a brilliant student; at the Biological Society he was an energetic president; in Gambetta's circle, at the *Chambre des Députés*, in the reunions of the Union Republicans, he played a conspicuous part. His mind was alive to every topic, whether of science, administration or politics, his vivid imagination and original ideas evoked constant admiration. He brought conviction with his opinions by his powerful language and solid reasoning. As a student he made his début by taking his degree in law. He applied himself rather late to the study of natural science, but with ardent enthusiasm, inspired by the researches of Claude Bernard, who, divining his brilliant capabilities, gave him a place in his laboratory. Bert made himself remarked by his first works, presented to the Biological Society in 1863, and by his researches upon the movements of plants, and upon animal grafting. Doctor in medicine and doctor *en science*, Paul Bert was entrusted with the direction of the classes and elected professor at the *Faculté des Science* at Bordeaux, but was shortly afterward recalled to Paris, to succeed Claude Bernard at the Sorbonne, as professor of general physiology.

At the Sorbonne, Paul Bert made his interesting researches upon the action of atmospheric pressure, and of oxygen upon animals, by means of apparatus placed at his disposal by M. Jourdanet. Besides his classes, he delivered lectures on elementary philosophy to an audience of

young girls. His activity was not confined to scientific investigation; in 1870, during the disastrous regency of the Empress, he attempted to establish a school of medicine for women. On the 4th of September, 1870, he became general counsellor of l'Yonne and was received into the Administration as General Secretary and subsequently as Prefect of the North of France.

During the second period of the "National Defence Government," he was with Gambetta at Tours and Bordeaux. At the close of the war and Commune, Paul Bert resumed his classes and scientific studies, though he continued his interest in politics. He published remarkable scientific articles every Monday in the "*République Française*," which evinced great erudition and power, and represented, in technical terms, the existing condition of every science.

Paul Bert's great ambition was to get into Parliament. He dedicated to Gambetta a project for a law on the organization of superior instruction, in which there were many useful as well as some impracticable suggestions.

The *Facultés de Médecine* in this scheme were reduced to the grade of mere professional schools.

Paul Bert was received into the National Assembly after the death of Javel, deputy for l'Yonne, and here, as later at the *Chambre des Députés*, he became the proclaimed adversary of clericalism, and the promoter of all laws respecting instruction.

It was at his instigation that the *Facultés de Médecine* of Lyons, Nancy and Bordeaux were established. He prepared the projects concerning the Counsels of instruction, superior Counsels, academic Counsels, etc. He was born to be the president, reporter and orator of parliamentary commissions named to investigate all these questions. He amplified a law upon primary instruction and became the apostle of primary instruction, and the protector and servant of teachers. The highest recognition of his scientific works was his nomination as perpetual president of the Biological Society in which he succeeded Claude Bernard. He was a member of Gambetta's cabinet and was a

devoted friend to Gambetta. It would have been difficult to find a more competent minister, or one who understood so thoroughly every department of his administration. This circumstance would have perhaps proved a rock for his ministry to split upon if this had not been of such short duration, for as minister he would have found himself occasionally circumvented by former promises, speeches or projects of law made at his own instigation while a deputy. The progress of biological science would have been considerably advanced if Paul Bert had given himself entirely to physiological studies, but he was as much a man of action and imagination as a scientific man. His was a universal mind. Often, at the *Chambre* in leisure moments, he would read to a little circle of friends grouped round him, poetical compositions of his own, verses of pointed and witty satires upon men in vogue. At desert after the monthly banquets of *La Marmite* at which he was a constant guest, his was the brightest song, the readiest toast.

France has lost in Paul Bert an eminent physiologist, a devoted patriot and a great mind.

SURGERY AND MEDICINE.—At a meeting of the French Otological and Laryngological Society, presided over by Dr. Ménière, the following communications were made:

M. Moure called the attention of his colleagues to the beneficial results obtained by painting the nasal mucosa with chloral hydrate of cocaine, and by injections of the same solution in the Eustachian tubes in cases of obstruction. M. Gellé communicated several cases of nasal hemorrhage, in which plugging had caused inflammation in the middle ear, accompanied by suppuration and perforation of the tympanum, in some cases, in both ears. According to M. Gellé the putrefied blood penetrating to the Eustachian tubes caused the inflammation, although the plugs had only remained in during forty-eight hours. M. Moura (Paris) read a paper before the Society, concerning the arytenoid muscle, in which he developed the theory that the physiological function of this muscle is the

same as that of the posterior crico-arytenoid muscles; this muscle opens the glottis and is not a constrictor of the glottis as is generally supposed. M. Moura demonstrated the truth of his opinion by indicating on his own larynx by means of the laryngoscope the manner in which the glottis opens in its posterior portion only by the separation of the two arytenoid muscles, accompanied by a peculiar clanking sound. M. Moura then read notes on a case which presented an anomaly in the thyroïdal insertion of the right vocal cord in a child a year old, which died at the Hotel Dieu in 1874. M. Ménière read a paper on an interesting case of peculiar abnormal development of the pavilion of the right ear, in an adult. This hypertrophy dated from two years back and appeared six months ago on the pavilion of the left ear. M. Chatelier communicated a case in which a fibro-mucous polypus, occupying the entire naso-pharyngeal cavity, was removed by means of Chas-saignac's *écraseur*, *without any traces of hemorrhage*.

CHOLERA DURING PREGNANCY.—At a recent meeting of the *Academie de Médecine*, M. Queirel, of Marseilles, read a paper entitled "Cholera During Pregnancy," in which he stated that pregnancy is not a predisposing cause of cholera, but it appears to aggravate the prognosis. It has not yet been ascertained whether this disease is transmitted by the mother to the fœtus, but it proves fatal to children at the breast. Cholera is frequently the cause of abortion. After abortion the mother's condition is equally dangerous. The attack lasts a long time if death does not ensue before abortion.

Danger to the woman is more to be apprehended during the second period of pregnancy, though should she contract the disease near the end of the time, the child may be born alive, but may succumb to cholera a few days after birth. Cholera is more dangerous after delivery and arrests lactation. From a clinical point of view the only fact worth recording is that a severe form of rickets is frequently met with in cases of cholera during pregnancy.

HYDATID CYST.—At a recent meeting of the Medical Society of the Hospitals, M. Millard described a case of hydatid cyst of the liver. The diagnosis of this case was difficult, as there were pleural and peritoneal complications. The patient was a woman of 32 years of age, who was treated for severe pains in the stomach, which extended to the right shoulder, in 1881. Injections of morphine were practised by Dr. Haussmann. In 1882 the stomach began to enlarge, the liver became enormous; there was no icterus, subcrepitant rales at the bottom of the right lung. M. Duguet diagnosed a tubercular peritonitis. The patient improved. In 1884, the pains returned. M. Quinquaud prescribed iodide of potassium. M. Empis recommended Vichy water. On the 4th April, 1886, M. Millard practised a puncture and drew out 540 grammes of transparent, limpid fluid, containing hooklets and an *ecchinococcus*. In the evening shivering fits and parraceous vomiting. Morphine, ice and collodion were applied on the stomach; ascites and generalized urticaria were exhibited. On the following day there was pulmonary congestion on the right side. A blister was applied. The patient is now in good health; the operation was performed seven months ago. This illness had begun nearly four years back, the evolution was remarkably slow. The primary cause was peritonitis and pleurisy, which fact misled M. Duguet. Fifteen months later the increased size of the hepatic tumor and fluctuation allowed M. Millard to diagnose an hydatid cyst and effect an experimental puncture. The patient is definitively cured. M. Millard concludes that cysts on the convex surface of the liver are almost impossible to diagnose at the outset; he showed to the Society a patient who exhibited every symptom of hydatid cyst; in this instance diagnosis was possible only fifteen months after the beginning of the symptoms.

M. Cadet de Gassicourt, at a future meeting, intends to describe a case presenting symptoms of a contrary character. In this case an hydatid cyst was diagnosed, where

there was peri-hepatic peritoneal suppuration. M. Troisier presented a patient in whom he had effected a puncture twenty months ago for hydatid cyst of the liver, and who appears definitively cured. M. Robert Moutard-Martin, who had seen this patient eighteen months after puncture was effected, noted no symptoms on the right side, but slight hypertrophy. He then communicated a case in which he had diagnosed two hydatid cysts of the liver in a little girl. He punctured these two cysts and removed from one 60 and from the other 40 grammes of fluid. The child is cured. M. Mouton-Martin stated that a cachetic state of the patient should not interfere with the diagnosis of hydatid cyst of the liver. In these cases the cyst is usually suppurated.

RESECTION AND REMOVAL OF NERVES IN CASES OF OBSTINATE NEURALGIA.—At a recent meeting of the Paris Surgical Society, M. Monod reported a communication made by M. Jeannel (Bordeaux) concerning two cases of obstinate neuralgia cured by the removal of the nerve. The first case was that of a woman suffering from sclerosis in patches. For six years she suffered agonizing neuralgia in the left side of the lower maxillary bone, which subsequently passed into the right side. The mental foramen was the point from which the neuralgia started. M. Jeannel effected resection of the entire terminal portion of the bone, by trephining the ascending branch and then removing it. He previously took all precaution relative to medullary affection. The cure effected lasted for a year. On microscopic examination an interstitial neuritis on the portion of nerve removed was detected. The second case was that of a man who did not exhibit any affection of the nerve centres. He was suddenly seized with violent pain in the lower dental nerve. The patient could neither eat, speak nor sleep. M. Jeannel removed the terminal extremity of the nerve. The pain, which disappeared after the operation, reappeared the following evening at intervals; two months later the patient completely recovered. On microscopic examination the nerve was found to be perfectly healthy.

Dr. A. Pitres has been carefully watching the case of an hysterical patient affected with hemi-anæsthesia of the left side. Pinching, burning or pricking her on the left side does not produce pain; but if she touches any copper article her hand contracts, and intense pain is felt, which, if prolonged by contact with that metal, produces a convulsive attack. In two other cases, during wakefulness, the patients were unable to touch either silver or copper without experiencing the sensation of being burned. Dr. Pitres speaks of this curious phenomenon under the title of "Asphalgesia." It is rare to meet with these symptoms in hysterical patients during the period of wakefulness, but they are very general during hypnotic sleep. In the greater number of patients with whom it was possible to induce hypnotic sleep, it has generally been found that, on their touching any metal, a painful sensation, as of burning or of a violent electric shock, was felt. Some patients only experience these sensations on touching certain metals; others are affected in the same manner on touching any glass object. Generally, asphalgesia is present on both sides of the body, whether the patient be affected with only hemi-anæsthesia or hemi-analgesia; but no rule can be given for these symptoms, as in some cases painful sensations produced by the contact of any metal may likewise be felt on the side of the body where the sensibility is normal.

At a recent meeting of the *Académie de Médecine*, M. Le Fort produced a voluminous fibrous uterine intra-peritoneal tumor, removed from one of his patients. A very well known English Surgeon, Mr. Lawson Tait, struck by the difficulty of extracting these tumors, suggested the removal of the ovaries and the Eustachian tubes. This method has the advantage of arresting the growth of the tumor, but can only be successful after the menopause. In young people the tumours continue to grow, notwithstanding this operation. After having made a long incision, M. Le Fort applied Chassaignac's écraseur on the neck of the tumor, then an elastic thread, and it came away of itself at the

end of ten days. M. Le Fort produced at the same time a uterus removed from a woman who had an irreducible uterine inversion, following a confinement.

At a recent meeting of the Paris Surgical Society, M. Nepveu made a report upon the work of M. Delorme, *Professeur Agrégé Libré* of Val de Grace, *Médecin Major de Première Classe*. M. Delorme's work describes three interesting cases. The two first of these are only interesting because the author succeeded in effecting the abrasion of the radical and sciatic nerve at the bottom of a large tubercular abscess. There was no consecutive disturbance. It is not the first time that large nerve trunks have been denuded in important operations. M. Verneuil has several times succeeded in isolating in a considerable space large nerve trunks, without accidents ensuing.

The facts given by M. Delorme form an interesting contribution to the subject of surgical physiology originated by M. Verneuil in his researches upon the denudation of nerve trunks.

The *Journal de Médecine de Paris* publishes the following note by Dr. Philbert on the use of santal in nephritic colic. Having already suffered from this painful disease the author resolved to try the above remedy upon himself. An occasion soon presented itself. Toward the end of March, about 4 o'clock in the afternoon, he experienced the usual symptoms, and hurried home as quickly as possible. He took four capsules of santal and got into a bath. The suffering was much less than usual and did not last so long. In about an hour it ceased entirely. The santal was accredited for much in this happy result, but the bath also had evidently been beneficial. For six months the author had no occasion to renew his experiment. But about twenty days ago he was again attacked with frequent and imperious desires to micturate. Having no doubts about the diagnosis, he immediately took four capsules of santal and awaited the pain in the kidneys. It did not come; but a stitch in the left loin notified him that the calculus was passing off on that side. Dr. Philbert

does not undertake to explain the mode of action of the santal in this case; he is content with pointing out its happy effects.

BRACHIAL MONOPLÉGIA —At a recent meeting of the Medical Society of Hospitals, M. Fereol presented a young man of 32 years of age, who was suddenly attacked three weeks ago with monoplegia of the left arm. The patient is in good health, with no pathological antecedents. No cause can be assigned for the monoplegia. Eight days after it appeared, there was slight atrophy of the muscles of the shoulder; anesthesia was also present, but it is disappearing. The patient occasionally presents the symptom of the "dead finger" (*doigt mort*), and constantly that of the claw-shaped foot (*griffe des orteils*). There is slight weakness in the left leg. A treatment of continuous currents appears beneficial.

THE DANGER OF MORPHINE IN STRANGULATED HERNIA. —At the recent Congress of Surgery, M. Routier communicated two observations on strangulated hernia, the one almost immediately operated upon, and cured in a short time; the other operated upon the fifth day after strangulation set in and after numerous injections of morphine and several attempts at reduction, the patient rapidly succumbing. In the latter case he was obliged to make a resection of 75 centimetres of the intestine.

M. Routier combats the publications of Valkus, Philippe and Fleury, prescribing the injection of morphine in such cases. He believes that such a treatment constitutes a danger by retarding the timely intervention of surgery.

RICHMOND LETTER.

(Our Special Correspondent).

The new year has opened, and the medical fraternity of Richmond can hardly forget to extend the greetings and good wishes of the season to their professional co-laborers in your fair city of the South. We remember that the doctor in New Orleans contends with several foes rarely encountered in this latitude. Yellow fever, for instance,

and science are still struggling for the mastery; while in this, as in all other matters of general as well as medical interest in New Orleans, we are not in the rear rank of friendly observation and encouragement. The fact that the results to be accomplished by the physician are somewhat dependent upon differences in disease due to local and climatic causes is sufficient to keep one section of our land fully alive to the achievements of the other. "Special Correspondents" are, of course, a necessity in medicine as well as in other callings in these progressive days.

Permit me in my first letter to you to wish your journal a success still greater than that already so honorably attained. The editors, imbued with a love for the discovery of truth, with earnestness, and with energy, cannot fail to add largely to the future growth and triumphs of the healing art.

Our physicians were busily engaged on the first of January in making *calls*; and thus will their New Years always be spent until disease has been stamped out by a very gradual return to the observance of laws which the physician, as well as his patient, too often disregards. Yet Richmond is justly regarded as a healthy city. The drainage is good by reason of its hilly situation; the water, though frequently muddy, is entitled by accurate analysis to high rank as regards purity; we are possibly, without boasting, *urbs in medio tutissima*; and when our large hotel of the future is erected, we shall try to intercept some of that wholesale travel to the far South indulged in by patients from the North, who do not as yet realize the advantages of Richmond in a sanitary point of view.

We were free from marked epidemics during the past year. In the Fall a peculiar type of fever prevailed to some extent, practitioners differing widely as to its exact nature, its origin, and treatment. Malaria seemed to have a share in the causation; but in some instances the temperature fluctuated daily between extremes so far apart and so irregular in their occurrence that it was difficult to ascertain the type of disease, or to explain the distinguishing

feature mentioned. Quinine and antipyrine were used in generous doses; these measures being, it is claimed, satisfactory in some cases, but of doubtful efficacy in others.

Owing to the possible introduction of small-pox here, the Board of Health has required a re-vaccination of the city. This safeguard was approved and recommended by the medical societies, and the vaccinators appointed are now busily engaged in their duties.

At its last meeting in December, the Richmond Academy of Medicine elected the following officers for the ensuing year: Dr. Jacob Michaux, president; Dr. R. H. Boshier, vice-president; D. W. T. Oppenheimer, second vice-president; Dr. J. R. Wheat, third vice-president; Dr. W. T. Mercer, secretary; Dr. W. S. Gordon, assistant secretary; Dr. A. Jeffrey, treasurer; Dr. Edward McCarthy, librarian. These are all young men who seem to be fully alive to the importance of the work before them—your humble correspondent, I trust not excepted. The older members of the Academy cannot attend its meetings as regularly as those who are not yet “up to their ears in work.” Upon the younger members must necessarily devolve to a great extent the duty of sustaining the standard and promoting the growth of an organization which others—some of them dead—have adorned by their presence and enobled by their labors.

I shall refer hereafter to the younger of our societies, the Richmond Medical and Surgical.

You are doubtless aware that the next meeting of the Virginia State Society will be held in this city. A joint committee of arrangements composed of members from both local societies has been appointed. We shall look forward to a large gathering, while Richmond will not fail to welcome with cordial hospitality the dignified, and we can say it, important body.

The establishment of a State general hospital was discussed at the recent meeting of the State society. As far as I know, nothing definite has been done. Such an institution is needed. Several locations have been urged for the

building by their respective advocates. We Richmond doctors would of course, prefer to have it here; but for one, I should be willing to see it wherever the purposes for which it is built will be best subserved.

A reformatory institution in this city for inebriates has been a long felt want. The editor of the "*State*" newspaper has recently written upon this subject, and it is to be hoped that Richmond will not long remain indifferent to the establishment of institutions without which the true ends of humanity and medical science cannot be effected.

Dr. Hunter McGuire, of this city, has just returned from Philadelphia, whither he had gone to attend the Centennial Celebration of the Philadelphia College of Physicians, and to receive the high honor of being made Associate Fellow of that body. The organization was founded by Dr. Rush. It has had, a flourishing career, and the last meeting was of marked interest. Dr. Mitchell, the president, used the following words when handing the diploma to Dr. McGuire: "Distinguished as a surgeon in war and peace, a teacher and practitioner of surgery, president of the American Surgical Association." In March Dr. McGuire will deliver the address before the Alumni Association of Jefferson Medical College, and in May he will make in Washington the address as president of the American Surgical Association.

Richmond may well be proud of having a Surgeon whose eminent skill is so serviceable to her, and whose reputation has steadily increased until its owner now ranks among the first surgeons in this country. None but those who know Dr. McGuire well can form an idea of the amount of work which he accomplishes daily. What he does is surprising. By reason of natural endowments and unremitting labor his success has been attained, while his example could well be heeded and followed by beginners in the profession who may be looking forward to useful eminence.

It might interest your readers to know something of our medical institutions; but this letter is long enough for busy doctors, and other items must be reserved for the future. I shall close by stating that Dr. McGuire showed me a letter dated July 6th, 1789, and written by Dr. Rush, concerning the condition of Mary, the mother of Washington. The old Doctor, it seems, prescribed, among other remedies for carcinoma, a decoction of *red clover*. Dr. McGuire's father also used the same preparation forty years ago. What is new? Perhaps Æsculapius sipped red clover tea, while the other gods preferred nectar with ambrosia.

W. S. G.

RICHMOND, VA., Jan. 6th, 1887.

LEADING ARTICLES.

EXPERT TESTIMONY.

An interesting case, involving a physician's right to refuse to give expert testimony without pay, is reported in the December number of the *Cleveland Medical Gazette*. The following is an abstract of the report in the *Gazette*:

Dr. F. H. Darby, of Morrow, Ohio, President of the Miami Valley Medical Society, was called as a witness for the State in the case of State vs. Green. On taking the stand the doctor stated that he was willing to testify to all matters of fact within his knowledge, but would refuse to give expert testimony or professional opinions, unless he was assured a certain fee. After some delay the doctor proceeded and gave all the facts within his knowledge without any hesitation. Then the prosecutor asked his opinion as to the effect of a cut of a certain described character. The witness refused to answer. The Court decided that the question was proper and should be answered. The doctor still refused to answer unless guaranteed a fee. Whereupon he was ordered to be taken to jail and confined there until he should be willing to purge himself of

contempt. The following day was a repetition of the preceding one, and at last report the doctor had been in jail four days.

We consider Dr. Darby perfectly right in his principle, and by consequence that the presiding judge was wrong in the course he followed. Certainly, the views of the Ohio Court would not hold in this State, for the specific law makes provision for the payment of the fees of experts. Under the general law of evidence, as in force in the United States, the principle is well fixed that in civil cases no man having a peculiar knowledge of any art or science is compellable to give to litigating parties the benefit of that knowledge without being remunerated for it, and this principle should apply with equal force to criminal cases. The physician who is called to give opinions as to questions in his profession is in no way assimilated to a witness to the facts. The latter in testifying is discharging a general obligation incumbent upon every member of the community; whereas a person skilled in a particular art or science is asked for a special knowledge which he has acquired by the expenditure of labor and money. This knowledge is his personal property, his stock in trade, which he should not be deprived of without a fair remuneration. If this were not so, public duties in this respect would be very unevenly borne. For in all cases of expert testimony the best is desired, and the best is usually in possession of the person whose skill in his profession makes his time doubly valuable. Is it fair that this man's knowledge and time should be freely at the call of every person who desires to use it before a court? Certainly not. We are inclined to think, however, that the error the judge has made in this case may be due to the rarity of the occasions when physicians have taken the position Dr. Darby has here. There are few ways of more readily losing a right than that of not asserting it when it is challenged. We sympathize with the doctor in his discomfort, but applaud the tenacity with which he maintains his just position.

DREIFUS.

We see that a petition recommending the pardon of Dr. Emanuel Dreifus is being circulated in Shreveport. A few months ago, Dreifus was sentenced to the penitentiary for seven years for the crime of subornation of perjury in connection with the celebrated Ford case. The man is most infamous and a deep disgrace to our profession. It is to be hoped that every reputable physician will not only withhold his name from such a petition but will use every effort to prevent the wretch from escaping the punishment he so richly deserves. There is no sin against the body politic more pernicious and far reaching in its effects than the condonement of offences, social, moral or political. To-day, there is none more common.

The blackest social offenders are accorded the same reception as the best and purest men. No sooner has his just reward been meted out to thief or murderer, than his friends fortified by the knowledge of the puling pseudo-philanthropy, so prevalent among the people, hasten to secure to a petition for pardon the signatures of men of standing, who too weak to say no, or actuated by discreditable private motives, stultify themselves by aiding to tear down the barriers which society has erected as its safeguard.

Thus our criminal courts grow feebler day by day. Feared by the timorous or unbefriended evil-doer, they are laughed at by the bolder and more fortunate, while they fail to serve the class they were intended to protect and which alone pays for their support. We do not believe we go too far in saying that the man of prominence and respectability, who by concealing his knowledge of the offence and by association with the offender condones social and moral wrong, who loosely signs petitions for the release of men found guilty in courts of law, inflicts a more grievous injury upon his community than any single murderer or thief.

YELLOW FEVER INOCULATION.

A modest little paragraph which cropped out in one of our newspapers of Jan. 14, serves to show that if to live in loving hearts is not to die, the cryptococcus xanthogenicus enjoys its modicum of immortality.

On the date above mentioned Senator Eustis introduced in the Senate an amendment to the Sundry Civil Bill authorizing the President to use not exceeding \$10,000 to investigate the method practised in Mexico and Brazil of preventing yellow fever by inoculation.

A good and useful article is always cheap, a worthless one is dear at any price. We have said our say on this subject, and a year has brought forth no evidence of weight in favor of the "methods." Meanwhile we in our turn commend the following extract from the *New York Medical Record* to the attention of our readers.

To those who have jumped so eagerly to the support of Dr. Freire's claims as a yellow fever preventor, we commend a perusal of the following, written to *Science* by a correspondent in Brazil. He says: "Considerable interest has been manifested among medical men in the proposed American Commission to study Dr. Freire's yellow fever investigations and method of inoculation. The work of Dr. Freire seems to have awakened a more lively interest abroad than here. The official support that he received as President of the Board of Health, has been withdrawn since his retirement from that post, on account of his commendable, though perhaps not always judicious, efforts to suppress the powerful industry of manufactured wines, while the general attitude of the medical profession is that of extreme reserve. While he has a number of very fervent followers, a number of prominent physicians have vigorously combated his conclusions. As few, if any of his critics are practised microscopists, he has been able to meet their scientific arguments quite successfully, but has been less fortunate in the defense of his statistics, regarding the immunity of inoculated persons. Like all Brazilian statistics, these are too loosely drawn to inspire confidence.

A large proportion of the inoculated has been among the shifting population, whose subsequent history can only be followed with difficulty; and Freire is accused of not admitting that the disease is yellow fever, in the case of the death of an inoculated person, no matter what the opinion of the attending physician may be."

THE CHOLERA,

At last authentic information has been received that cholera has reached Chili, and is doing frightful damage in Aconcagua. It looks more and more as if the doleful prophecy in our last number has in it something of the elements of probability as well as possibility.

It is, or was, proposed that the health authorities of the Southern States, and Mexico, if she would consent, should hold a conference on the threatened invasion, and establish some measures by which the danger could be met and warded off. We are inclined to think the suggestion a good one. If no concerted plan of action should be agreed upon, it would at least make it plain how much assistance might be hoped for from each party to the congress, and action taken accordingly. If, for instance, our neighbor, Mexico, manifested an unwillingness or inability to do her share in the general endeavors, the others could, with more show of justice and reason, be quite strict in shielding themselves from Mexico as well as the cholera.

DIPHTHERIA AGAIN.

In the March, 1886, number of this Journal we called attention to the prevalence as well as steady growth of diphtheria in New Orleans. From a total of 15 reported cases and deaths in 1883, the number had swelled to 166 in 1885. The year just ended, 1886, does not show much improvement. The figures are 130 reported cases with 97 deaths. But the Secretary of the Board of Health remarks: "I am satisfied that the number of the cases *reported* is much less than the number which really existed, but owing to the negligence of physicians, there is no way

of arriving at a correct estimate of number of cases or proportion of deaths.”

We would again urge upon physicians the necessity of reporting all cases as soon as determined. Proper measures may then be taken, without expense or any great annoyance to the families, for checking the disease.

Moreover, of what value will the statistics of our Board of Health be if physicians continue in the future to be as lax as in the past. We earnestly hope that hereafter the profession will more closely obey the law. There is no question as to their duty, and not only does the Board assert its readiness to support the physicians, but the law itself protects them from any damage resulting from obedience to its mandates.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

After trying every other plan of treatment in a serious case of dysentery, Dr. A. B. Fordyce finally afforded relief and effected a cure in the following manner:

He made a digital examination and “found a small free space above the sphincter that would hold about half an ounce. Into this *cul de sac* the fluids in the bowel from above accumulated, and, as soon as the space became filled, the tenesmus commenced, and an immediate evacuation followed. Above this space the whole calibre of the intestine was occluded with soft, pulpy, œdematous, mucus tissue, which was nearly impervious.” He attached a soft rubber tube to a Davidson syringe and carefully inserted it beyond the inflamed surface. By this means, with the patient on his side, he irrigated the colon with four or five quarts of water as hot as could be borne, until it returned from the anus perfectly clear. Then a quart or more of a 1 to 10,000 solution of bi-chloride of mercury was injected and allowed to return at once. Pain and tenesmus were at once relieved. A suppository of opium, grain one, was then given, and the patient slept seven hours, the first since the beginning of the attack. After

twelve hours the measures were repeated, as some pain occurred. In six days the patient was well. The same treatment was successful in four other cases, but it was instituted at once.—*Buffalo Med. and Sur. Journal.*

ANTIFEBRIN.

The above name has been given to another of the coal-oil series of products possessing antipyretic properties; and if the results described by Drs. A. Cahn and P. Hepp, of Biebrich, on the Rhine, are substantiated by subsequent experiments, it is destined to supersede antipyrin, thallin sulphate, etc.

Antifebrin is by no means a new product, since it has been long known to chemists, and belongs to the series of *Anilides*. It is obtained by boiling equivalent portions of monohydrated acetic acid and aniline together for some time, and distilling the resulting solid crystalline mass. When thus prepared it is in the form of a crystalline powder and has the formula $C_6H_5NHC_2H_3O$. It is odorless and colorless, and when applied to the tongue produces a sensation of warmth. It is almost insoluble in cold water, slightly soluble in boiling water, and freely soluble in ether and alcohol, and also more or less in alcoholic liquids and wines, according to the proportion of alcohol contained therein. It melts at $113^{\circ}C.$, and may be distilled unchanged at a temperature of $292^{\circ}C.$

According to numerous experiments made by the above-mentioned physicians on dogs and rabbits, it may be given in comparatively large doses, without producing any poisonous effects, thus differing from other aniline derivatives.

The dose recommended by them is from 0.25 to 1.00 grm. (about 4 to 16 grains) in twenty-four hours, to be given in one dose, either suspended in water, in a wafer or dissolved in wine. The smaller dose, *i. e.*, 0.25, has been proved to have an equal effect to four times the quantity of antipyrin, and, moreover, its antipyretic action lasts longer.

Twenty-four cases are cited, some of which yielded to antifebrin after unsuccessful treatment by antipyrin.

Another consideration which is in its favor, is the moderate price at which it can be manufactured. At the present time it costs about one-sixth as much as antipyrin and about one-tenth as much as thallin sulphate.

R. N. GIRLING

INTUSSUSCEPTION TREATED BY INFLATION AND MASSAGE.

Dr. W. B. Cheadle, physician to the Hospital for sick children, etc., reports to the *London Lancet*, three cases of intussusception treated by inflation and massage with recovery.

In the first case, injection of warm water with a Higginson's syringe was attempted, but it being impossible to introduce more than an ounce at a time, air was substituted. The plan adopted was thoroughly to chloroform the child, and while one worked the syringe, a second would press the folds of the buttocks and the skin of the anus closely around the base of the nozzle of the syringe, while a third would practice massage upon the tumor. As many as ten syringefuls of air were injected at a time, and held in the bowel. In each case the tumor would disappear and then the air was allowed to escape. In the first case the tumor, after having entirely disappeared, returned. The process was then repeated under chloroform (the first attempt was made without the anæsthetic), with permanent relief. In the third case a typhlitis or typhocolitis supervened, due either to the distension and massage, which were quite prolonged, or else, to the congestion ordinarily attendant upon invagination of the bowel.

HIGH TEMPERATURE.

Dr. W. W. Skinner, of Berlin, reports in the *Medical News*, for January 15th, a temperature of 109.4° Fahr. following accouchment. The patient was an emigrant aboard ship. The delivery was normal, but it was supposed that some pieces of the membranes were retained as an offensive discharge ensued. The fifth rise of temperature was on the fourth day when it was 100° in the morning and 102.2° in the evening. Notwithstanding disinfectant vaginal washes and quinine, on the fifth day at 4, P. M., the rectal temperature was 109.4°, that in the axilla 109.2°. She was first douched with sea water at 82°, which reduced the fever to 107.6°. Then she was placed in a full bath at 82°; at the end of a half hour the rectal temperature was 102.2° and after an hour 100.4°. The pulse before the bath was 154, afterwards 120. She was then moved from the emigrants' quarters, where the air was foul and the temperature almost constantly at 90° and upwards. The patient improved and after reaching New Orleans she was moved to the Charity Hospital, from which institution she was finally discharged cured.

The doctor had his thermometer tested in Paris when he returned and it was found correct, so there is no doubt as to the authenticity of the observation.

A temperature as high as 111.2° F. has been reported by Hirtz with recovery, but Dr. S. remarks that Liebmeister fixes the maximum of temperature in human beings who have recovered at 108.5° F.

SURGERY.

A SUCCESSFUL GASTROSTOMY.

Dr. N. P. Dandridge in a paper read before the Cincinnati Medical Society and published in the *Lancet and Clinic*, Nov. 28, reports a successful gastrostomy in a case of stricture of the œsophagus. The case was that of a child, aged 4 years, who had some months before swallowed some strong solution of caustic potash and carbonate of ammonium. There had been great pain at the time and the mouth and throat had been for some time subsequently very much swollen and sore. Later she was able again to swallow, but only liquids. As time passed the swallowing became more and more difficult until at last she was able only at intervals to retain any nourishment, the food usually regurgitating a few moments after being taken.

At the time Dr. Dandridge saw her she was rapidly failing and in an advanced state of emaciation. Under chloroform the œsophagus was explored with an olive-pointed bougie and it was determined that there existed a stricture of the œsophagus low down. In spite of rectal alimentation the child grew worse and, the parents consenting, a gastrostomy was made Oct. 7, 1886. The incision was made on the left side parallel to the free border of the ribs about three-fourths of an inch below. The peritoneum, having been opened the stomach was drawn out and transfixed by two lip pins placed parallel about three-fourths of an inch apart and including about one inch of stomach. This arrangement prevented the viscous from falling back into the cavity. The abdominal peritoneum was then drawn up and stitched with silk to the integument. A circle of wire sutures passed through the integument and stomach down to the mucous membrane held the organ well up against the abdominal wall and a final set of silk sutures held the gastric peritoneum to the edge of the openings. Nourishment was introduced by means of an inspirator through a fine needle for nearly two days. Forty-five hours after the

operation a small opening was made in the stomach and a piece of Nelaton catheter inserted and secured by passing a pin through it. The pins transfixing the stomach were removed on the sixth day, when part of the stitches were taken out. The remainder were removed on the eighth day. The child did well. The catheter was allowed to remain in one week. It was then removed, but afterwards introduced whenever nourishment was given. The stomach was gradually enabled to bear larger quantities of nourishment until half a pint could be well retained.

The wound cicatrized thoroughly. A muslin pad effectually guarded the opening. Another attempt to pass the stricture failed and the nourishing was continued by the stomach fistula.

INTERNAL AND EXTERNAL URETHROTOMY COMBINED.

Mr. Reginald Harrison sometime since published a series of cases to which he has since added others, in which after making an internal urethrotomy he made also the external operation, opening the urethra through the perineum. In these cases, so long as the exit of urine through the external opening was free and uninterrupted, there was invariably complete absence of rigors and fever. When these conditions were not fulfilled, either by reason of a flaw in the drainage wound or in the apparatus used, such complications sometimes arose.—*Manchester Med. Chron.*

A FORK REMOVED FROM THE STOMACH BY GASTROTOMY: RECOVERY.

In the *Medical and Surgical Reporter* of Dec. 18th, is reported a case operated upon by Dr. Polaillon for the removal of a large fork from the stomach. A juggler, aged 25 years, accustomed to eat fire, swallow swords, etc., on one occasion while attempting the feat of swallowing a fork, at an ill-moment took a deep inspiration; failing to retain his hold on the prongs of the fork it slipped down into the œsophagus and finally into the stomach. Dr. Polaillon after the application of various tests to determine the presence of the fork, of which he was not at first satisfied, determined to operate. An incision 7 ctm. ($2\frac{3}{4}$ ins.) was made "from the ninth rib, 1 ctm. (2-5 in.) toward the inner cartilage edge in the direction of the ensiform cartilage." The peritoneum being opened, a fold of the anterior wall of the stomach was pulled out

and held over the lips of the abdominal incision by two long steel needles passed through. A 3 cm. (1 1-5 ins.) incision was made in the stomach, the fork caught with pincers and quickly removed. The wound in the stomach was sutured with catgut, the needles withdrawn and the stomach allowed to slip back into the abdominal cavity. The abdominal wound was closed with four deep and four superficial sutures and Lister's bandage applied. The wound healed by first intention and the patient made an excellent recovery. In such operations hitherto the stomach was always attached to the abdominal wound, leaving a fistulous track which healed gradually, but Dr. Polaillon, relying upon antiseptic surgery, made the operation as above described, the result, rapid recovery, fully justifying his procedure.

[Dr. A. C. Bernays, of St. Louis, as mentioned in our last number, p. 563, operated by the same method, Nov. 17th, with equally gratifying results. Dr. Bernays' case has been reported in full in the Philadelphia *Medical News*.]

RUPTURE OF AN AORTIC ANEURISM AFTER TRACHEOTOMY.—A. ROBIN.

On account of extreme dyspnœa, tracheotomy had to be performed. Immediately after the canula was inserted, a stream of blood rushed through it, and the patient was dead. The autopsy revealed an aneurism, situated between the innominate and left carotid arteries. The aneurism had eroded the lower rings of the trachea. The rupture of the sac was doubtless caused by the introduction of the canula.—*Monatschr. f. Ohrenhk. Norsk Magazin for Lægevidenskaben*.

OBSTETRICS, GYNÆCOLOGY, ETC.

THE INFLUENCE OF ANTIPYRIN ON THE TEMPERATURE AND TISSUE CHANGE IN CHILDREN.

Dr. Jacobovitsch, of the Children's Clinic, Academy of St. Petersburg, concludes a treatise on this subject, as follows:

1. Antipyrin lowers the temperature as well in healthy as in sick children, but in the case of the former it sinks less than in the latter.

2. The force of the depression does not invariably depend upon the amount of the dose.

3. In children idiosyncrasy has an influence upon the fall of temperature outside of the mere largeness of dose, for very large doses sometimes have no effect.

4. Under the action of very large doses the temperature never continues at low figures longer than twenty hours.

5. The greatest depression is observed at midnight, and then the temperature gradually rises.

6. In the case of healthy children the temperature cannot be so much depressed as in those suffering from fever.

7. Small children can, in most cases, bear large doses for from one to two days well. Vomiting is rare, collapse or convulsions are not observed, sweating is not constant.

8. Electro-muscular irritability rises with children from the use of the alkaloid, which can be explained by the experiments of Devenne upon frogs and puppies, through irritation of the musculo-motor centers.

9. In a small number of cases the daily quantity of urine is increased, and the specific gravity lowered; but in the majority of cases the quantity of urine is diminished by a half or more, is much concentrated, syrup-like, with increased specific gravity; the discharge of urine is notably hindered.

10. Forty-eight hours after the last dose the daily quantity of all urinary constituents surpasses that of the day before the exhibition of the alkaloid.

11. By means of chloride of iron and iodide of potassium, antipyrin can be discovered in the urine not later than forty-eight hours after the last dose.

In conclusion we must say that, notwithstanding the facts observed by us, the question of the use of antipyrin in fever can not be answered with a positive opinion. It seems to us, however, that there can remain no doubt that, notwithstanding its great antipyretic power, a long-continued exhibition of the medicine to the same patient would be impossible if our exhibit of the retention of oxidation products should be confirmed.—*American Practitioner and News.*

GALVANO-CAUSTIC APPLICATION IN CHRONIC METRITIS AND ENDOMETRITIS.

Dr. G. Apostoli, in an excellent article, running through several numbers of the *Nouvelles Archives d'Obstétrique*

et de Gynécologie, concludes with the following summary of his experience of the treatment of metritis and endometritis :

1. That, though the induced or Faradic current is excellent and efficient in cases of recent sub-involution and in the first stages of chronic metritis, it utterly fails in the later stages of chronic metritis and in all forms of endometritis.

2. That the galvano-chemical intra-uterine medication is based on logical and clinical grounds.

3. That he has proved the efficacy of currents of high intensity and formulated a new technique for their safe application.

4. That he has determined absolutely in each case when the positive or negative pole should be used.

5. That he has given to intra-uterine therapeutics an additional weapon, which can be measured and localized with mathematical precision at the pleasure of the operator.

6. That he is thus able to apply to the uterus a kind of molecular galvano-chemical curetting, which does not necessitate confinement in bed, or need any additional treatment.

7. That all other treatments, such as curetting, intra-uterine injection, cauterizations, etc., are both more difficult in execution and much less efficacious.

8. That he has, in fact, created a new chapter in gynæcological therapeutics, destined to combat successfully a number of maladies, especially rebellious to treatment and often even regarded as incurable.

In doubtful cases faradisation should be first tried, then, should this fail to produce a cure, the high intensity current by means of a platinum electrode which will fit snugly the uterine canal. The number of applications will vary from three to thirty, made once, twice or three times a week, according to the judgment of the physician. At the beginning the intensity of the current should be about 40 to 50 milliampères, but after a while 100 to 150 and even 200 may be reached. The application should last from five to ten minutes.

IODIDE OF POTASSIUM IN HABITUAL ABORTIONS.

The *Vratch* recommends prolonged and systematic internal administration of iodide of potassium to pregnant women disposed to habitual abortion. The proposal

starts from the view that habitual abortion is almost exclusively caused by syphilitic and inflammatory disease of the genital apparatus and ovum.

The author recites the histories of two cases in which there were scarcely any syphilitic symptoms to be discovered, but which, on being put on the iodide, in five-grain doses three times a day, the patients went on to full term and the children were born living. In one of the cases the next pregnancy went on to the full term, happily without further treatment.—*Archives of Gynecology*.

FOR SECURING ABSOLUTE CLEANLINESS.

Belaseff suggests in the *Centralbl. f. Gyn.*, an ingenious method of insuring absolute cleanliness of the hands before performing obstetrical operations. It consists in rendering visible all the nooks and crannies in which may lurk matter possibly or probably infectious. The blue pigment, aqua marina, is thoroughly rubbed up with vaseline, and the hands of the surgeon are carefully rubbed with the mixture until the grooves and crevices under and around the nails are thoroughly filled with it. Soap and water and a nail-brush are then made use of, and when all traces of the pigment are removed, it may be assumed that every trace of soil or morbid element has been removed with it.—*Archives of Gynecology*.

OPHTHALMOLOGY AND OTOTOLOGY.

IS THE ADVICE TO REST PAINFUL EYES ALWAYS GOOD ?

In a paper read before the Baltimore Academy of Medicine, on December 21st, Dr. Julian J. Chisholm very justly answers this question in the negative. Although the paper contains nothing unfamiliar to oculists, it is commendable in again bringing to the attention of the profession at large, in a very simple, clear and interesting manner, the fact that pain in the eyes may be due to actual disease of the ocular tissues, or to defective shape of the same; and he might have added, to weakness of the intrinsic (muscle of accommodation) or extrinsic (straight and oblique) muscles of the eye. In the former case rest may be the most valuable of all therapeutic measures, a medical truism; but in the latter it is absolutely valueless as a means of cure. The normal eye is almost a sphere, but some persons are born with their eyes too flat (hypermetropia), or too long, ovoid (myopia), though myopia is often acquired at the

school age, at which time also hypermetropia usually first becomes distressing. This is the time also that muscular troubles (insufficiencies) give rise to pain and difficulty in doing near work. Rest can give nothing to such troubles save temporary relief. If a man have one leg shorter than the other rest may relieve the discomfort incident to walking, but it cannot cure; the man requires a crutch or a thick-soled shoe. These too long or too flat eyes require glasses, which exactly compensate for their defective shape.

Besides being too long or too short, the corneæ of some eyes are far from being spherical. The corneal curvature is greater in one direction than another (astigmatism). This defect is a fertile source of pain and discomfort. It can only be relieved by proper glasses, and to adjust these requires considerable knowledge and skill. Muscular weaknesses are often remediable by prisms, but these, too, require great care in their adjustment. All of these eye defects often give rise to headaches, severe, habitual headaches. It is in these cases that the uterus, the stomach, the liver and malaria are uselessly accused and ruthlessly drugged. "By their fruits ye shall know them." Eye-headaches are characterized by their severity and persistency; they are relieved by a night's rest, but come on in the morning, and grow worse and worse as the day advances; they are especially apt to occur or to become aggravated after using the eyes at close work (reading, writing, sewing, painting, etc.) for a time; they are common in school children, students, persons of literary tastes, sewers, and all who do much near work. Glasses, not drugs, alone can cure them. Myopia is not so common a cause of these painful affections as hypermetropia and astigmatism, but the defect leads much oftener to dangerous disease of the eye. Whenever a child holds its book, sewing, etc., habitually close to its eyes it should be carefully examined by a competent oculist. Timely help may stave off a purblind old age.

CURIOUS CAUSE OF DEAFNESS.

In the *Boston Medical and Surgical Journal* for January 6th, Dr. David Coggin, of Salem, Mass., relates the case of a slightly built American, about 35 years of age, who came to him saying that three weeks before he had received a fist-blow on the side of his neck, below the right ear, which rendered him insensible. On recovering he found

that he could not hear with the left ear. There had been great impairment of hearing in the right ear, with occasional discharge for several years, but he stoutly affirmed that he had always heard well with the left ear.

The right drum membrane presented a small perforation in the inferior, posterior quadrant. No secretion. Watch heard at ten centimetres. The left drum seemed to be quite normal. Tube pervious. Tuning fork heard in right ear only, and all tests confirming the patient's statement that he was perfectly deaf in left ear. Never any complaint of vertigo or pain. No change eight months later, save that hearing less acute in right ear owing to a recent catarrh.

Dr. Coggin is inclined to think that "*contre-coup* may have caused a total rupture of the *portio mollis*, thus producing deafness, while the firmer *portio dura* was not injured, of which, indeed, there had not been any symptoms."

TOBACCO AMBLYOPIA.

Dr. G. E. de Schweinitz, in a paper read before the Philadelphia Neurological Society, and published in the *Med. and Surg. Reporter*, Dec. 4, 1886, makes a real contribution to our knowledge of this condition. He reports three cases (1, 3, 7) of amblyopia having all the symptoms characteristic of this condition which recovered when tobacco was given up, though no therapeutic measures were used. One patient was in the habit of drinking a pint of spirits a day; he was told to "diminish" the quantity. The case (4) of a patient, a young woman, who did not smoke or chew, but worked in a tobacco factory, is also reported. She was ordered to find other employment and to take 1-24 grain strychnia sulphate three times daily. In a month vision had gone from 20-xii to normal, and at time of report was above normal. As the writer (editor) has found that 1-20 and even 1-10 gr. of strychnia may be given *hypodermatically* for weeks without producing any toxic, and but little if any therapeutic effect, he regards the influence of the strychnia administered in this case as nil, unless there was a peculiar susceptibility to the drug.

A propos of this report Dr. Geo. H. Powers, Professor of Ophthalmology in the University of California, writes to the *Medical News*, of Dec. 4, that he has found the inhalation of a few drops of nitrite of amyl, pushed only to the point of lively hyperæmia of the face and headache, produces immediate and marked improvement of vision.

So constant is this action that Dr. Powers has found it useful in establishing a diagnosis. The rapid and immediate improvement is not permanent, but the whole ground gained is not lost before the next inhalation. Abstinence from tobacco and alcohol, tonics and daily inhalation of the amyl nitrite have, in Dr. Powers' hands, proved more rapidly curative than other methods. The employment of amyl nitrite is in the line of rational therapeutics, and should be given an extended trial.

A LACHRYMAL PROBE.

At the meeting of the Clinical Society of Maryland held Nov. 5, Dr. Theobald of Baltimore showed a lachrymal probe made of aluminium. The probes are much lighter, and somewhat stiffer than silver ones, and "have a peculiar slipping quality" which Dr. T. regards as decided advantages.

OPHTHALMIA NEONATORUM.

At the meeting of the Imperial Surgical Society of Paris, on Feb. 21, 1886, M. Giralès reported that in the *Hôpital des Enfants Trouvés*, the loss of eyes (sometimes even of life) by blennorrhœa neonatorum reached the enormous number of 80 to 90 per cent. ; to day (by Crédés' method) we are not very far from reducing the number of eyes of new-born children lost by this pernicious disease to zero. This, within 20 years, is really a respectable progress of science. Zehender ; Bowman Lecturer on Parasitic Diseases of the Eye *Brit. Med. Jour.*, Dec. 4, 1886.

BOOK-NOTICES.

How We Treat Wounds To-day. A Treatise on Antiseptic Surgery which can be understood by beginners. By Robert I. Morris, M. D. ; late House-Surgeon to Bellevue Hospital, New York, etc. Second edition, 8vo., pp. 165. New York and London: G. P. Putnam's Sons, 1886. [New Orleans, Armand Hawkins, 194 Canal street. Price, \$1.00.]

The first edition of this excellent little book we had the pleasure of reviewing in our last March number. The appearance in such a short time of a second edition speaks eloquently for the merits of the book and convinces us that our estimate was not too high.

In the first edition we were not a little curious to know how our author would explain the splendid results of Tait obtained without antiseptics, only extreme cleanliness. No scientific explanation was attempted; it was simply stated that "scientific antiseptics is after all only an exalted degree of cleanliness." In the second edition the only important addition to the book is an attempt to explain the grand success of this "great English opposer to progress in surgery" (as Morris calls him), without doing violence to modern antiseptic principles. The matter would seem to stand thus: Owing to the peculiarities of peritoneal structure (giving it rapid absorption-power and making difficult the development of microbes on its surface), and the great skill of Mr. Tait in operative technique, ordinary laparotomies have not in his hands seemed to require strict antiseptic precautions; and in certain other cases, where "microbes gain a foothold and cause a continued exudation of serum," Mr. Tait, by means of hydragogue purgation, removes serum so rapidly, *per vias naturales* that "no opportunity is given for the continuance of microbe development," thus, really, depending for his success "upon a *first-class antiseptic measure*." Though the explanation does not quite satisfy us, we think there is much fairness in the argument.

We entirely agree in the statement, that should Mr. Tait now add to his method antiseptic dressing of the abdominal wound, he would make a combination which could "hardly be excelled for the obtaining of brilliant results."

F. W. P.

PUBLICATIONS RECEIVED.

The Cosmopolitan, Vol. II., No. 1, September, 1886. A handsome illustrated monthly magazine (general literature). Published by Schlicht & Field Co., Rochester, N. Y. Subscription, \$2.50 per annum.

A Novel Procedure for the Removal of Subglottic Laryngeal Growths. By Wm. Chapman Jarvis, M. D. Reprinted from the *New York Medical Journal* for November 27, 1886.

The Relative Influences of Maternal and Wet-Nursing on Mother and Child. By Jos. Edell Winters, M. D., New York.

On Certain Mooted Points in Gynæcology. By Thomas Addis Emmet, M. D., New York. Reprinted from the *Brit. Med. Journal*, November 13, 1886.

Treatment of Fissures and Ulcers of the Rectum and Anus. By W. S. Watson, M. D., Matteawan, N. Y. Reprint from the *Med. and Surg. Reporter* of December 25, 1886.

Is Tubercular Consumption Inherited? By H. D. Didama, M. D., Syracuse, N. Y.

Rhinology of the Past and of the Future. By Carl H. von Klein, A. M., M. D. Reprinted from the *Journal of the American Medical Association*, December 18, 1886.

Report on Diseases of the Rectum. By Jos. Matthews, M. D. Read before the Kentucky State Medical Society, at Winchester, June 24, 1886.

Sterility: Management of the Secundines. By Wm. H. Wathen, M. D. From *Southwestern Medical Gazette*, January, 1887.

Thirty-fourth Annual Announcement of the Medical Department, University of Vermont, for the year 1887.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the Fiscal Year 1886. Treasury Department. Washington: Government Printing Office. 1886.

Vick's Illustrated Monthly Magazine and Floral Guide is with us once again. This is the handsomest and most useful publication of the kind we know. James Vick, Rochester, N. Y.

A Contribution to the Study of Tumors of the Spinal Cord. By B. Sacks, M. D. Reprinted from the *Journal of Nervous and Mental Disease*, Vol. XIII., No. 2, 1886.

The Industrial Journal. Bangor, Me.

Annual Reports of the Board of Trustees and Superintendent of the State Lunatic Asylum, at Little Rock, Arkansas, for the Years 1885 and 1886.

An Ephemeris of Materia Medica, Pharmacy, Therapeutics and Collateral Information. January Number. After an absence of a year it is with real pleasure that we welcome *Squibb's Ephemeris* back to our exchange list. We regret to hear that its publication will be only occasional.

Certain Hereditary and Psychological Phenomena in Inebriety. By T. D. Crothers, M. D., Superintendent of Walnut Lodge, Hartford, Conn. Reprint from *Alienist and Neurologist*, St. Louis, October, 1886.

Fibro-or Spindle-Celled Sarcomatous Tumors. By B. A. Watson, A. M., M. D., Jersey City, N. J. Reprinted from the *Journal of the American Medical Association*, October 16, 1886.

Antisepsis in Ovariectomy and Battey's Operation. By Robert Battey, M. D., Rome, Ga. Reprint from Transactions Medical Association of Georgia.

Contagious Eye Diseases. By Jos. A. Andrews, M. D., New York. Reprinted from *New York Medical Journal*, September 25, 1886.

Address in State Medicine. By John H. Rauch, M. D., of Illinois. Reprinted from the *Journal American Medical Association*, June 12, 1886.

Laryngology and its Cognate Branches in America, and the Simplest and Most Efficient Treatment of Diphtheria. Two papers by W. H. Daly, M. D., Pittsburg, Pa.

MARRIAGES.

Dr. H. L. METCALFE, was married on Thursday, January 6th, 1887, at Grace Church, Bayou Sara, La., to Miss Mary Howell, daughter of the late Judge R. K. Howell, of West Feliciana.

Dr. Metcalfe, is a nephew of Dr. Jno. Metcalfe, of New York. Many of our readers doubtless remember the doctor as a boy when he lived here in the house of his kinsman, the late Dr. Samuel Choppin. He is now practising in Columbia, La. Our congratulations to you "Hal."

DR. R. SUMPTER GRIFFITH, of Anne Arundel county, Md., was married Dec. 6th, 1886, to Miss Annie J. Webb, daughter of the late Wm. M. Webb, of Calvert county, Md.

Deaths.

DR. A. T. POICHET died at his home in Thibodeaux, La. Dr. Poichet graduated from Jefferson Medical College, Phila., in 1877 and was House Surgeon of the college hospital. Although he had been a resident of Thibodeaux for two years only, he had greatly endeared himself to the people.

DR. WILLIAM MOULTRIE BRAILSFORD a native of Charleston, S. C., died at his plantation, near Summerville, in the month of Dec. last, in the seventy-ninth year of his age. He studied medicine under the celebrated herpetologist, Dr. J. Edwards Holbrook, and entered the Medical College of South Carolina, from which he was graduated with distinction in 1829. He was the son of Dr. Alexander Brailsford, a noted Charleston physician, and through his mother was the great-grandson of Gen. William Moultrie; and he proved no unworthy scion of such excellent stock. A learned and skillful physician, a loyal friend and a conversationalist of charming manner, he was the impersonation of "high thoughts seated in a heart of courtesy," and a fine specimen of the planter gentlemen of the old school, of which so few remain.

DR. JNO. H. CASHON, of Martin, Tenn., died at his home, Dec. 24th, 1886.

DR. E. M. SEABROOK, who was for years in charge of the South Carolina division of the famous Chimborazo Hospital in Richmond, Va., during the late war, died on Jan. 2d. Dr. Seabrook was a native of South Carolina.

DR. WM R. CALDWELL died at Nunan, Ga. on the 15th of Nov. 1886, in the forty-fifth year of his age. He was a native of Charleston, S. C., but removed to Nunan several years ago. He married a sister of Dr. Calhoun, of Atlanta, Ga.

ON Sunday, January 9th, 1887, died, CAMILLE GIRARDEY FRIEDRICH, aged 6 years, youngest son of Dr. Geo. J. Friedrichs, of this city. This brief announcement tells the story of a grief so great that words could only profane it. Who shall dare offer to the father, the little child of whose later years has been taken away, the common-places of consolation!

DR. CHAS. A. HEFLIN, died at Falmouth, Va., Dec. 13th, 1887, aged 27 years. He graduated with distinction from the College of Physicians and Surgeons of Baltimore in 1882, and was a member of the Medical Society of Virginia.

DR. HENRY KINNEBREW, of Clark county, Ga., recently dropped dead in his buggy while talking to a friend. Dr. Kinnebrew practised his profession in Clarke and Oglethorpe counties, and was in the sixty-third year of his age.

MEDICAL NEWS AND MISCELLANY.

A "JARMARKT," held in Baltimore during the month of December, for the benefit of the Home for Incurables, has realized over \$4000.

THE Cottage Convalescent Hospital, a charity recently organized by the Board of Directors of the Baltimore Home for Incurables, is thriving. A farm of twenty-one acres has been purchased, at a cost of \$4500, for the hospital in the neighbourhood of Catonsville, Md.

A SUIT for malpractice to recover \$10,000 from Dr. J. F. H. Gorsuch, brought by Henry Most, was decided at Towson town, Md., recently, in favour of Dr. Gorsuch. Most sustained several fractures of the right arm near the elbow. Anchylosis resulted, hence the suit.

THE twenty-first annual meeting of the Baltimore Medical Association, was held at the Eutaw House, on Monday evening, January 10th. For the coming year the following officers were elected:

President, Dr. T. B. Evans; vice-presidents, Drs. J. E. Michael and A. Atkinson; recording and reporting secretary, Dr. B. S. Roseberry; corresponding secretary, Dr. A. G. Watts; treasurer, Dr. G. B. Reynolds; executive committee, Drs. S. T. Earle, G. H. Rohé and H. F. Hill; committee of honor, Drs. W. E. Wiegand, George Thomas and S. M. Free.

After the election of officers the Association adjourned to the banquet hall where several hours were spent in festivities.

THE physicians of Montgomery county, Maryland, have organized a county society. Let the good work go on.

DR. J. J. CHISHOLM, of Baltimore, has accepted the presidency of the Section on Ophthalmology in the International Congress. Dr. Jos. A. White, of Richmond, Va., and Dr. A. W. Calhoun, of Atlanta, Ga., are vice-presidents of the Section.

AT the last meeting of the Virginia Board of Medical Examiners it was decided that hereafter the Board shall be in session two days. On the first day the time from 9 to 12 shall be devoted to the examination on chemistry; 12 to 3, anatomy; 4 to 7, hygiene and medical jurisprudence; 8 to 11, physiology. Second day—9 to 12, obstetrics and gynecology; 12 to 3, materia medica and therapeutics; 4 to 7, practice of medicine; 8 to 11, surgery. The questions are to be put upon a black-board, and at the end of the time allotted each section—3 hours—the papers shall be called and the next set put up. No candidate can leave the hall until he has handed in his papers on the section then up for examination. The papers are to be signed with a number furnished by the secretary. This is admirable. A certain number of quacks may still haunt Virginia, but the great mass of the people will soon learn to employ only those physicians regularly licensed by the State. Herein lies the great merit of such a medical law—it is a mighty educator.

OUR little friend *Practice* comes to us in much better form this month. Its department of "Medical Methods and Opinions," obtained by personal application to the authors, is interesting and unique.

DR. RAWLEW W. MARTIN, of Chatham, the retiring president of the Medical Society of Virginia, deserves the thanks of the profession of the State for indefatigable work and commendable success as the result of his year in office. Were every representative of the "country doctor" as worthy of eminence as he, most of the aspiring "city doctors" would have to take position as privates in the ranks.—*Virginia Medical Monthly*.

THE annual death rate per 1000 for the city of Charleston, S. C., during the week ending November 27, was 22.36. For the week ending December 4, the rate was 16.64. The rate for the week ending December 11, was 33.80; the annual rate for the year 1886, was (white)

17.64. These figures, together with those of our own city, show how the presence of the negro population runs up the death rate of the Southern cities.

OUR friend, Dr. C. B. Lanneau, writing to us from Charleston, S. C., says: "I would state that there are some persons who are still suffering from the depressing (*nervous*) effects of the quake. I am treating one such patient now, who is extremely weak. I can find no other cause for it. Some ladies, I hear, are still afraid to go to bed with all their underclothing off, and others sleep in their clothes just as they would recline for a little doze on a lounge during the day. I cannot prove this, but I have heard it so stated."

THE Ivy Street Hospital is nearing completion. When finished it will be a great boon to the poor of Atlanta, a most suitable adjunct to the Southern Medical College, a monument to the benevolence of the noble women of the Gate City, and to the sagacity and indomitable energy of Dr. T. S. Powell, the superintendent.—*Southern Medical Record*.

THE *Alabama Medical and Surgical Journal* urges the amendment of the law regulating the practice of medicine, so that all applicants shall be examined by a central board, and none save graduates of reputable colleges shall be eligible. Of the latter proviso we do not approve. The Virginia law seems to be as near perfect as possible.

NEARLY \$50,000 has been subscribed for a charity hospital at Birmingham, Ala. A lady proposes to give a site near Smithfield.

ON the 8th of January last, Dr. Hamilton, Surgeon-General, U. S. M. H. S., returned to Washington from a tour of inspection along the Atlantic and Gulf coasts, made with the aim to determine what extra safeguards are needed to prevent the introduction of cholera or yellow fever from the South. Dr. Hamilton was accompanied on the tour by the health officers of Charleston, Savannah, Tampa, Sanford and Jacksonville. The Atlantic coast ports were found to be well protected, but the committee decided that a quarantine hospital is needed near Key West, Fla., and Dr. Hamilton will make a recommendation to that effect. Cuba was also visited, and its entire coast line was inspected. The Board of Health of this city and county is taking the utmost precautions to prevent the introduction of cholera from the Argentine Republic, vessels arriving from that country being imme-

diately sent to quarantine for cleansing and fumigation before they are allowed to approach the city.

Some time since Robert Simpson, a bar pilot, left a vessel which he had been conducting before she had been boarded by the Port Inspector, for which action he was arrested as having violated the rules of the Board of Health of this county, which prescribe a penalty for such violation. He was tried in the County Court to-day and discharged on a point of law made by State Senator Mallory, which is here cited as of interest to Florida boards of health and health officers in general, to wit: "That section 10 of the law under which boards of health of this State are organized is unconstitutional, in that it empowers an organization to prescribe a penalty for an offense not specified in the law, such prescription being a legislative action and legislation by any board or body other than the State Legislature being prohibited by the constitution of Florida."—*Pensacola dispatches of January 9th and 14th.*

THE Pensacola, Fla., correspondent of the *Picayune* telegraphs to that paper that the master of the British Bark Lottie, just arrived at Pensacola from Barbadoes, says the American barkentine Rachel Mary, and the British bark Harmonic, which sailed from Buenos Ayers after the date of the 6th ult., had unclean bills of health, on which account both vessels were denied admission to the port of Pernambuco, whence they sailed for Barbadoes, where they were admitted. Should those two vessels sail thence for United States ports there will be nothing to show what their condition might have been when they left a cholera infected country, as the Buenos Ayres health bills will in all probability have been retained by the health authorities at the port last touched at.

The correspondent very justly suggests that all vessels leaving infected or suspected ports should be furnished with duplicate bills, one to be retained and presented at the North American port of destination.

THE newly installed Governor of Texas, Ross, has appointed Dr. Robert Rutherford, of Houston, State Health Officer. Dr. Rutherford is a graduate of the Medical Department of the University of the City of New York and once before held this same position.

G. W. BISHOP, postmaster of Hubbard City, Texas, a druggist, died December 3, from chloroform taken internally by mistake for another drug.

LAST month we noted the decision of the Court of Appeals of Kentucky in the case of the State Board of Pharmacy vs. Bess Woods White. We learn from the January number of the *Louisville Medical Herald*, that the Board refused Miss White a license not because she was a woman but because she had no practical experience. The Board requires of men four years experience besides a diploma and we agree with our confrère that the requirements from women should be no less.

DR. W. C. DUGAN has recently been appointed First Assistant Physician to the Central Kentucky Lunatic Asylum.

THE Secretary of the Navy will soon issue a prospectus for the Army and Navy General Hospital at Hot Springs, Ark., which will be opened for the reception of patients on Jan. 17. The Army and Navy General Hospital will afford bed accommodation for eighteen officers and sixty-four enlisted men. An increase of accommodations for officers, equal to about 50 per cent., may be gained by placing an additional bed in the large rooms. The hospital accommodations will be divided between applicants from the military and naval service and the Marine Corps. Owing to the limited space assigned to officers, preference must be given to such applicants as may require actual hospital treatment, that is, treatment in room on bed. Authority for admission to the Army and Navy General Hospital on the part of officers and enlisted men of the Navy and Marine Corps, both on the active and retired lists, may be obtained from the Surgeon General of the Navy on the report of a Medical Board of Survey, or where that is impracticable the certificate of a Naval medical officer, which shall set forth clearly the particular disability under which the applicant labors. The length of treatment in the hospital will be determined by the surgeon in charge.—*New York World*.

IT is said that Rush Medical College has purchased thirteen acres of ground on Lookout Mountain, near Chattanooga, Tenn., on which \$50,000 will be expended in the erection of a sanitarium building, cottages, etc. The sanitarium is designed for consumptives and convalescents.

THE annual death-rate of the white population of Tennessee is said to be only 13.44. per 1000.

PASTEUR'S latest and worst failure has just occurred, according to recent dispatches. The patient, whose finger was nearly bitten off, was taken promptly to the Rue Vanquelin. At the end of twelve days, hydrophobia was manifest, ending under conditions to convince Prof. Peter, who kindly

reports the failure at once to his colleagues of the Académie de Medecine, that the malady was due to the operation.

DR. J. S. JEWELL writes to us that continued ill health will force him to suspend the publication of the *Neurological Review* for a year if not indefinitely. This is to be greatly regretted. The Review was an excellent Journal. We offer our sympathy and hopes for a speedy restoration to health to Dr. Jewell.

AT THE close of the present year there will be published in Philadelphia, the "Annual of the Universal Medical Sciences," the object of which will be to present at the close of each year the progress made in every branch of medicine in all parts of the world. The project is in able hands and should succeed. The work will consist of five royal 8vo volumes of about five hundred pages each and will be fully illustrated. The price will be \$15 a year.

WE have to return thanks to the President and Fellows of College of Physicians and Surgeons of Philadelphia for an invitation to attend the centennial celebration of the college, which took place January 3, 1887. The celebration consisted of a special meeting; when, after an address by Prof. Alfred Stille, the president, Dr. S. Weir Mitchell conferred the honor of Associate Fellowship upon nine gentlemen. Prof. J. M. Da Costa welcomed the new Associate Fellows on behalf of the college. In the evening there was a banquet in the Union League, marked by speech-making and the reading of Dr. Weir Mitchell's poem, "The Doctor's Century."

In the room containing the Mutter Museum is a large fire-place and mantel, which the college has just erected with a fund of \$2500 presented by George W. Childs. It is considered one of the most elaborate and massive fire-places in the country.

IN a recently published letter replying to an inquiry by the Secretary of the Treasury as to the advisability of abandoning the Ship Island quarantine station, Surgeon-General Hamilton, U. S. M. H. S., strongly urges the retention of the station. The very fact, he says, that the station is dangerous shows that it is much better to have a refuge station somewhere, than to have several centres of infection. The Surgeon-General believes, however, that it would be very advisable to remove the station to some point more remote than Ship Island, and favors the Grand Crozier Island, submitting the following estimate: "Quarantine Station, Ship Island—Transfer appliances,

etc., from Ship Island to, say, one of the Chandeleurs; charter of steamboat ten days, \$2000; dredging half mile channel, \$10,000; buildings, \$25,000; wharf, \$10,000; furniture, \$3000; total, \$45,000." On January 17th, bills were offered in the Senate and House, respectively, by Mr. Walthall and Mr. Van Eaton, authorizing the removal of the quarantine from Ship Island to some other island in the Gulf of Mexico or the Mississippi delta, as may be recommended by a board to be designated by the Secretary of the Treasury, and the bill also appropriates \$45,000, or so much thereof as may be necessary, to erect buildings, etc. These bills and the views of Surgeon-General Hamilton undoubtedly have the hearty indorsement of all sensible men in this part of the world.

NEW ORLEANS, LA., DEATHS BY MONTHS, AND ANNUAL
MORTALITY FOR THE YEARS,

MONTHS.	1885.			1886.		
	White	Col.	Total	White	Col.	Total
January.....	407	221	628	358	187	545
February.....	324	198	522	377	198	575
March.....	404	187	591	320	188	508
April.....	292	186	478	293	186	479
May.....	418	214	632	365	177	542
June.....	400	204	604	348	194	542
July.....	374	186	560	360	199	559
August.....	303	191	494	356	177	533
September.....	319	148	467	292	152	444
October.....	393	197	590	311	179	490
November.....	340	190	530	360	176	536
December.....	351	226	577	352	186	538
Total.....	4.325	2.348	6.673	4.092	2.199	6.291

ESTIMATED POPULATION 1885.			DEATH RATE PER THOUSAND 1885.		
White	Colored	Total	White	Colored	Total
171.000	63.000	234.000	25.29	37.27	28.51

ESTIMATED POPULATION 1886.			DEATH RATE PER THOUSAND 1886.		
White	Colored	Total.	White	Colored	Total
173.500	64.500	238.000	23.59	34.09	26.43

Tabulated for the JOURNAL by

W. H. WATKINS, M. D.,

Chief Sanitary Inspector Board of Health.

MORTUARY REPORT OF NEW ORLEANS

FOR DECEMBER, 1886.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial.unclassified	4	1	5	.....	4	1	5
“ “ Typho.....	.....	.....	.....	.....	.....	.....	.....
“ Congestive.....	6	1	5	2	5	2	7
“ Continued.....	.....	.....	.....	.....	.....	.....	.....
“ Intermittent.....	1	2	2	1	3	.....	3
“ Remittent.....	.....	1	1	.....	1	.....	1
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	1	2	1	2	3	.....	3
“ Puerperal.....	.....	.....	.....	.....	.....	.....	.....
.....
Scarlatina.....	.....	.....	.....	.....	.....	.....	.....
Small-pox.....	.....	.....	.....	.....	.....	.....	.....
Measles.....	.....	.....	.....	.....	.....	.....	.....
Diphtheria.....	11	3	7	7	.....	14	14
Whooping Cough.....	.....	.....	.....	.....	.....	.....	.....
Meningitis.....	2	3	3	2	2	3	5
Pneumonia.....	18	21	28	11	28	11	39
Bronchitis.....	21	7	14	14	15	13	28
Consumption.....	54	30	42	42	84	.....	84
Congestion of Brain.....	6	3	4	5	5	4	9
Diarrhœa.....	9	5	11	3	14	.....	14
Cholera Infantum.....	1	1	2	.....	.....	2	2
Dysentery.....	4	.....	1	3	4	.....	4
Debility, General.....	6	1	3	4	7	.....	7
“ Senile.....	15	18	16	17	33	.....	33
“ Infantile.....	4	2	3	3	.....	6	6
All other Causes.....	189	85	155	119	200	74	274
TOTAL,	352	186	303	235	408	130	538

Still Born Children—White, 32; Colored 19; Total 51.
 Population of City.—White, 173.500
 “ “ Colored, 64.500

Total, 238.000

Death rate per 1000 per annum for month.—White, 24.34.
 “ “ “ “ “ “ Colored, 34.60.

“ “ “ “ “ “ Total, 27.12.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—DECEMBER.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in in. & Hund.	GENERAL ITEMS
		Mean	Max.	Min.		
1	30.137	61.3	69.6	55.3	....	Mean Barometer, 30.129.
2	30.244	52.2	57.5	46.3	....	Highest Barometer, 30.374. 20th.
3	30.095	52.6	57.2	47.6	.71	Lowest Barometer, 29.771. 31st.
4	30.075	40.8	57.7	30.0	.19	Monthly Range of Barometer, .603.
5	30.260	31.3	37.5	27.0	....	Mean Temperature, 51.6.
6	30.310	38.1	47.0	28.1	....	Highest Temperature, 72.4. 12th.
7	30.299	41.9	49.2	34.5	....	Lowest Temperature, 27.0. 5th.
8	30.241	49.4	54.6	41.5	....	Monthly Range of Temperature, 45.4.
9	30.174	51.0	57.5	47.0	.23	Greatest daily range of Temp. 28.2.
10	30.118	53.8	64.4	46.2	....	Least daily range of Temp're, 7.5.
11	30.058	53.1	60.0	50.0	....	Mean daily range of Temperature, 16.3.
12	30.046	59.0	72.4	45.0	.07	Mean Daily Dew-point, 42.9.
13	30.081	51.0	58.0	44.0	....	Mean Daily Relative Humidity, 74.2.
14	30.040	53.1	64.0	43.5	....	Prevailing Direction of Wind, E.
15	30.057	48.9	57.2	41.0	....	Highest Velocity of wind and direction, 25. N. W.—4th, 15th.
16	30.256	42.5	52.2	31.5	....	Total Movement of Wind, 5919 miles.
17	30.077	61.0	72.0	43.8	....	No. of clear days, 12.
18	30.052	56.6	63.4	49.6	.41	No. of fair days, 12.
19	30.278	50.1	55.5	46.8	....	No. of cloudy days, 7.
20	30.331	44.2	51.2	38.9	....	MEAN TEMPERATURE FOR THIS MONTH IN 1873.....56.0 1880.....53.0 1874.....58.8 1881.....59.2 1875.....61.5 1882.....54.0 1876.....48.0 1883.....60.3 1877.....55.0 1884.....58.7 1878.....51.2 1885.....53.1 1879.....59.8 1886.....51.6
21	30.265	50.0	59.9	40.0	....
22	30.260	57.9	69.7	49.8	....
23	30.094	58.3	69.7	46.7	....
24	30.017	54.5	63.4	45.8	.06	
25	30.006	48.4	56.4	41.0	....
26	30.052	52.8	61.7	44.6	....
27	30.172	56.6	67.8	48.1	....
28	30.177	57.4	64.9	50.5	....
29	30.008	59.9	65.5	56.5	.11	
30	29.878	57.9	61.2	53.7	.02	TOTAL PRECIPITATION (IN INCHES AND HUNDRETHS) FOR THIS MONTH IN 1873.....1.79 1880.....6.45 1874.....3.27 1881.....6.62 1875.....5.15 1882.....4.27 1876.....9.57 1883.....3.47 1877.....4.96 1884.....8.01 1878.....8.69 1885.....4.38 1879.....2.90 1886.....2.57
31	29.855	54.8	64.9	42.8	.77	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
Sums	.....	.....	.....	.....	2.57	Dates of Frosts { Light, 7. Killing, 5, 6, 16.
Means	30.129	51.6	.....	.....	.....

M. HERMAN, *Sergeant Signal Corps, U. S. A.*

BOVININE.

BUSH'S FLUID FOOD

Containing 26.58 per Cent. of Soluble Albuminoids.

The vital principles of Beef and Mutton concentrated. A highly condensed Raw Food Extract. Acceptable to the most delicate taste and smell. Retained by delicate stomachs that reject all other Foods. It assimilates more readily than any other Food known to the Medical Profession. BOVININE under the microscope shows the blood corpuscles in their normal condition strongly marked, while in all other Foods or Extracts this vitally important element is destroyed by the action of heat in cooking.

OSCAR OLDBERG, Ph.D., Prof. of Chemistry and Toxicology, and Dean of the Chicago College of Pharmacy, says of it:—"I have analyzed Bush's Fluid Food or BOVININE, and find that it contains 26.58 per cent. of soluble Albuminoids."

A. L. LOOMIS, M.D., Professor of Bellevue Medical College, says: "I prescribe Bush's Fluid Food or BOVININE, and prefer it to similar preparations."

J. S. JEWELL, M.D., Chicago, says of "BOVININE."—"I am delighted with it; it is what I have been looking for these twenty years, and it supplies a want that nothing else has been able to fill."

DRS. WARD and FEWSMITH, speaking for themselves and their colleagues of the Hospital of St. Barnabus, Newark, says:—"BOVININE was readily taken by the patients, was easily retained, and in many cases by stomachs which had rejected all other forms of nourishment. We believe BOVININE contains more nutriment, relatively to bulk, than any other preparation known to the Medical Profession."

DR. J. M. RAND, Surgeon to the Hospital for Women and Children, of Newark, N. J. says: "BOVININE has been used with very satisfactory results after many important surgical operations; and for all patients whose stomachs can't retain or tolerate other foods, we find the BOVININE invaluable."

DR. T. GRISWOLD COMSTOCK, of St. Louis, says: "I have used your preparation, BOVININE, very frequently for the past few months and I find it most excellent, especially for consumptives. I have in mind one case of an old gentleman afflicted with senile gangrene. By the use of your Fluid Food he is much improved and sitting up, and the appearance of the gangrene has changed for the better. For more than three weeks he was kept up by BOVININE alone."

SURGEON-GENERAL MURRAY, U. S. Army, is so thoroughly convinced of the superiority of BOVININE over all other foods or meat extracts that he is ordering it largely for the Army Hospitals throughout the country.

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PROF. S. A. JONES, of Ann Arbor, says: "I am chiefly impressed by the fact that its food value is converted into energy at the smallest expenditure of force on the part of the patient." The BOVININE seems to find its way into the blood by some blessed 'short cut.'"

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FOR SALE BY ALL DRUGGISTS.

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NEW SERIES.

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MARCH, 1887.

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No. IX.

The

NEW ORLEANS
MEDICAL AND SURGICAL
JOURNAL

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*Paulum sepultæ distat inertia
Celata virtus.*—HORACE

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OF BEEF TEA, Dr. CHRISTISON says: "He was able to obtain but a *quarter of an ounce of solid residue in a pint.*"

This solid residue consists of "besides the trifling amount of proteid material and of fat (which latter, in practice, is guarded against with great care), *only the salts of the muscle, the hematin and allied pigments, traces of sugar, perhaps, some lactic acid, and the nitrogenous extractives creatin and its congeners.* As the original half pound of muscle may contain about forty to sixty grains of the salts and ten to twelve grains of the nitrogenous waste products, the beef tea (half pint) certainly contained no more."—PROF. BAUMGARTEN.

OF BEEF EXTRACT, Dr. PAVY says: "There are grounds for believing that a considerable proportion consists of products of proteid decay, materials in course of retrograde metamorphosis, that are of no use as nutritive agents."

The well known superstitious ideas entertained by the laity of beef tea, is expressed in the allusion to the "*strength*" which is popularly supposed to be extracted in the *tea*; after which the *beef* is thrown to the dogs. The working man makes soup from a joint and consumes the "*strength*" and the *beef* both.

The medical profession insist that the patients shall profit by the knowledge and progress of medical science, by the use of artificially digested fresh milk, etc. The nostrum advertisers usurp the functions of the physician by prescribing fictitious "foods for invalids," foods which medical science has long since condemned.

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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

MARCH, 1887.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

The Hygiene of Children in Relation to their Diseases and Excessive Mortality.*

By J. F. Y. PAINE, M. D., of Galveston, Texas.

There is scarcely a subject connected with the literature of the medical profession, invested with greater importance than that which I have selected for this paper.

It is not my intention to offer an array of recondite theories, or startling discoveries; but simply to undertake the presentation of a few practical thoughts.

Many of the alchemists of the middle ages, and some philosophers of more recent times, believed that human life could be prolonged indefinitely. But delusions like these have been dispelled, and we know that though life may be stretched out by careful observation of the laws of health, "a time comes in the history of every individual, when vital energy becomes powerless to resist the stealthy progress of decay. Even though there has been a continued freedom from disease, the bodily powers gradually and imperceptibly begin to wane, the step becomes less elastic, the heart beats more slowly, the digestion becomes weaker, the breathing shallower until at last, after a vary-

*Read Before the Galveston County Medical Club, Jan. 24th, 1887.

ing period, natural death completes the cycle of natural life." Dr. Farr has estimated the natural lifetime of a man to be one hundred years.

This view offers a striking contrast to the revelations of vital statistics in their bearings upon infant mortality. Very few physicians have any adequate conception of the enormous fatality among infants, which results from diseases induced by causes which are mainly preventable.

It was Sidney Smith, I believe, who said nothing is so unreliable as figures, except facts; and he might with propriety have added statistics. However imperfect they may be, they constitute the only source of information regarding the principal events of human life—the births, marriages and deaths; the various diseases from which people suffer and die; and the influences which affect vitality. In comparing the healthfulness and death rates of this, with those of other countries, I am not unmindful that the United States has no system of registration of vital statistics such as is relied upon by other civilized nations; our census affording the only opportunity of obtaining even an approximate estimate of the birth and death rates of much the larger part of the country. The unreliable character of our statistics relating to causes of death, may be inferred, from some of the returns of physicians, referred to in the report of the tenth census. It will be remembered that pending the taking of the last census, an attempt was made to obtain more complete returns of deaths, and also to make those returns more accurate as regards the reported causes of deaths, by soliciting the co-operation of the medical profession. To this end Dr. John S. Billings sent appropriate blanks to almost every physician in the country, and some of the returns deserve to be preserved, rather as examples of medical comedy, than as contributions to vital statistics. It is evidently unsafe to lay too much stress on the scientific accuracy of the diagnosis when a cause of death is reported as "Tecis," "Spinalgitis." "Colory in Phantum," "Colria Fontim," "Cholor Rhear Infantum," "Hasphmar," "New Money Fever,"

“No fician tendin,” “Struck in on the aire sells,” “Yaller Ganders of the Liver,” “Uennowing,” “Know Know-en Cause,” etc. Again, it cannot be questioned that the mortuary statistics of our last census fall considerably short of the truth, because, of the 70,299 blanks distributed among the physicians of the States and Territories only 25,809 were returned. Dr. Billings estimates the reports of deaths for the whole United States as defective from 15 to 30 per cent., while for the cities they are nearly accurate on account of the registration system.

The limits of a paper like this will not permit me to do more than present in a general manner the more prominent features of my subject.

It will be seen by reference to the mortality and vital statistics, embraced in the report of the Tenth Census of the United States, covering a period of ten years, ending with 1879, that the total death rate per annum, including all ages, was 18.2 per 1000 of population, whilst the number of deaths per 1000 of living children under one year of age was 120 for the United States at large; the ratio ranging from 51 in Idaho to 235 in the District of Columbia; and in thirty-one registration cities the proportion for the same age reached 267 per 1000. In Texas the ratio was 100 per 1000. Of all the children born alive, 259 per 1000 died under five years of age; and in thirty-one registration cities the enormous proportion of 522 per 1000 was attained.

It will be interesting to compare the number of deaths per population at different ages. According to the last census our population was 50,155,783, and the total deaths (occurring in the last year—1879—of the census series), were 756,893. There were 1,447,983 children under one year of age, with 175,184 deaths; and 6,914,516 less than five, with a mortality of 302,624.

In thirty-one registration cities the population was 6,603,414, deaths 147,158; children under one year 165,469, deaths 44,249; children under five years, 775,676, deaths 68,571. It appears, from the most trustworthy

sources of information, that the mortality of children under five years of age, is about twice as great in the cities, as the average for the whole country. A further study of statistics shows that 24 in every 100 deaths of all ages, occur among children under one year of age, and 42 in every 100 among those younger than five. It behooves us to reflect seriously when we are confronted with the fact, that of the 756,893 deaths in a population of 50,155,783, 302,624 of that number were furnished from 6,914,516 children under five years of age. The importance of the subject of infant mortality is at once apparent, when we reflect that out of 100 live-born children, about twenty-five die before the end of the first year of life, and from forty to fifty before reaching the close of the fifth year. The gloomy picture presented by the mortality and vital statistics of our country, is not an isolated example. The United States is near the mean, as regards the proportion of infantile to whole mortality; being exceeded by Austria, Belgium, England and Wales, Germany, Holland, Italy and European Russia; while France, Sweden and Norway, Scotland and Ireland have a lower rate. The universality of excessive infantile mortality is acknowledged by all authorities.

Reference has already been made to the inaccurate and unsatisfactory nature of the data relating to the diseases and mortality of infancy, furnished by our vital statistics. If we accept Dr. Billings' view that they are defective from 15 to 30 per cent., the death-rate in the United States would still compare favorably with that of other civilized countries; and this should be the case since poverty and over crowding exercise a potent influence in the causation of excessive mortality, especially among children.

It is worth while to turn our attention for a few moments, to the records of the Registrar General of England, in which are to be found the most careful, elaborate and comprehensive data, relating to the causes of diseases and mortality. From them we find that for the decennial 1871 to 1880 the total annual death rate was 21.4. Of children

under one year of age, it was 150 per 1,000 births in the whole country; which ratio varied from 100 per 1,000 in the healthiest rural districts, to over 250 per 1,000 in some of the cities. Before the end of the fifth year 263 per 1,000 died annually. In the healthiest cities 175 per 1,000 died, whereas, in Liverpool as many as 460 per 1,000 or nearly one-half the number born, succumbed before they reached the age of five. These figures from English statistics—which are almost absolutely accurate—are quoted mainly as confirmatory evidence of the approximate correctness of our own, which more particularly interest us.

Resuming the thread of our subject connected with the statistics of mortality of the United States, it will not prove uninteresting I trust, to present a résumé of the more prominent causes of the deaths which occur among children under five years of age; and to show what proportion of such deaths might be prevented by improved hygienic conditions. From the source already stated, we learn that the specific diseases produced a certain number of deaths: viz: smallpox, 553; measles, 5,469; scarlet fever, 10,142; diphtheria, 19,854; whooping cough, 10,309; fever, 1,637; cerebro-spinal fever, 1,567; enteric fever, 2,695; diarrhœa, 7,496; dysentery, 8,484; enteritis, 6,385; cholera morbus, 555; cholera infantum, 24,950; malarial fever, 6,172; erysipelas, 1,649; septicæmia, 240; venereal diseases, 544; worms, 1,245; alcoholism, 3; poisons, 696; inanition, 3,904; premature birth, 6,785; still-born, 24,876; malformation, 1,117; debility, 8,230; rheumatism, 135; scrofula, 2,552; leprosy, 3; consumption, 4,708; hydrocephalus, 3,735; cancer 255; tumor, 211; anæmia, 223; dropsy, 1,596; glycosuria, 63; inflammation of brain, 7,604; meningitis, 4,939; apoplexy, 378; paralysis, 501; trismus nascentium, 1,834; epilepsy, 427; convulsions, 15,846; diseases of brain and spinal cord, 6,647; aneurism, 17; diseases of heart, 1,435; croup, 15,591; laryngitis, 450; bronchitis, 6,153; pneumonia, 19,004; pleurisy, 249; asthma, 170; dentition, 4,245; angina, 793; gastritis and other diseases of stomach, 1,404; hernia and obstruction of bowels,

1,068; jaundice and diseases of liver, 1,518; peritonitis, 372; ascites, 72; Bright's disease, 205; urinary calculus, 29; diseases of kidneys and bladder, 494; ovarian tumors, 2; ovarian diseases, 1; uterine diseases, 1; diseases of spine, 534; diseases of bones, 53; diseases of hip joint, 25; abscesses and carbuncles, 332; diseases of spleen, 28; burns and scalds, 2,499; drowned, 613; exposure and neglect, 872; gunshot wounds, 82; homicide, 41; infanticide, 38; railroad accidents, 56; suffocation, 1,817; sunstroke, 45; surgical operations, 21; wounds, 70; other accidents and injuries, 2,100.

It cannot be questioned that a considerable proportion of the mortality among young children is due to causes which are uncontrollable. The victims of "the sins of their fathers" for instance. Organic defects, temperament and idiosyncrasies, are as much the inheritance of the child from its parents, as are physical type, stature, physiognomy, the color of its hair and skin. But even the vicious tendencies of a diseased heritage can be materially modified by the exercise of proper precautions. The effects of seasonal variations, (ranging from the extreme cold of winter to the scorching heat of summer) upon which great stress is placed, as chief among the uncontrollable causes of diseases may, to a considerable extent, be overcome by regulating the diet and habits, and varying the clothing.

Now let us see which of the diseases enumerated are preventable, and to what extent their prevention would affect the death rate of children. In this class may be included, smallpox, measles, scarlet fever, diphtheria, whooping cough, cerebro-spinal fever, enteric fever, diarrhœa, dysentery, cholera morbus, cholera infantum, malarial fever, venereal diseases, alcoholism, poisons, inanition, croup, bronchitis, pneumonia, burns and scalds, exposure and neglect, infanticide, suffocation, accidents, injuries, etc. The sum of the deaths resulting from these various causes, and occurring during the census year, among children under five years of age exceeded 150,000. Although this

figure may appear large it does not represent the whole truth, for we observe that there took place in the same year, from dentition, debility, dropsy, convulsions and croup about 50,000 deaths. Such enormous waste of infant life is truly appalling.

I had hoped to be able to show the relations of mortality rates of infants and children to localities and months of the year, but the data on those points, contained in our decennial report on mortality and vital statistics are so meagre and unsatisfactory that my undertaking has been a waste of effort. It can be stated however, in general terms that, in our Southern climate, the months of greatest mortality for children are in the order named, August, July, September and January. During winter there is a predisposition to diseases of the respiratory organs, and any fall below the mean average temperature is followed by an increased sick-rate and death-rate from these diseases. In Summer, on the other hand, intestinal disorders become more prevalent, and any rise above the mean average temperature will be followed by an increased sick-rate and death-rate from diarrhœa and filth diseases generally. Just as extreme cold is a fruitful cause of diseases of the organs of respiration, so excessive heat becomes a source of danger to the organs of digestion; and hence it is that the deaths from diarrhœa and bronchitis, which may be taken as typical diseases of the two conditions, bear a constant relation to the higher and lower temperatures of Summer and Winter. Granting meteorological conditions are uncontrollable causes of disease, their effects are nevertheless capable of being greatly modified by due attention to clothing, cleanliness, intelligent regulation of diet and exercise. The primary care is to maintain, as far as practicable, the body at all hours and seasons, at an equable temperature.

In the middle ages the devastating epidemics were viewed in the light of "visitations;" there being a deep-rooted belief in their supernatural origin. Their causes were looked upon as inscrutable and consequently no intelligent efforts were made to remove or mitigate them. But mod-

ern researches have established the truth that the animal organism is incapable in itself of originating any of the manifestations of disease, and we have, therefore, to look outside of the body for influences which operate as causes of disease. That many of these causes are controllable, and to an extent which we have reason to believe renders them preventable, is clearly shown in the health history of England. For example, the death rate in London has been lowered from 80 per 1000 in the 17th century, to 50 per 1000 in the last century, and to less than 22 per 1000 at the present day.

There is a strong tendency among the laity to regard the excessive mortality of children as a matter of course, and to feel that a sick child is safer in the hands of an old woman than in those of a physician, and this is not to be wondered at when we take into account that many doctors sympathize with their views, and defer to the superior judgment of kindly matrons and sapient grannies.

When we review the perils to which children are exposed from their birth, we feel like thanking the Lord that the fatality is not greater than it is. The tub bath and linen or cotton garments, with a subnormal temperature on its arrival into the unaccustomed atmospheric medium; the "time honored" flannel bandage upon a sore umbilicus; alternate exposure to draughts, and exclusion from fresh air; the unphysiological, starchy dietary; laxatives on the slightest justification, and opiates to produce quiet; catnip tea, and *harmless remedies ad libitum*; nursing without reference to interval or quantity; uncleanness and damp clothing; disregard of dietary restrictions, and intemperate habits on the part of the mother, furnish a solution of many of the painful and perplexing ailments of infancy, which, though not always directly fatal, pave the way to an invalid childhood.

A long and careful study of the literature of the subject, and a fair personal experience have convinced me that a very large proportion of infant mortality is due to gross infractions of the simplest laws of hygiene. As an illustra-

tion of the effects of sanitation in reducing the death rate among children, I may refer to the address of Mr. Edwin Chadwick delivered before the Social Society Congress held at Aberdeen in 1877, in which he stated, that in several large pauper asylums for children, the mean death-rate had been steadily reduced to 3 per 1000.

The prevention of diseases among children, as among adults, involves questions which relate to food, clothing, exercise, sleep, pure air, cleanliness, etc.

The infant during the two or three days which precede the establishment of its mother's milk should be fed exclusively upon pure, fresh cow's milk diluted with twice its bulk of warm water, and sweetened with sugar of milk; it should drink through a nipple from a bottle at intervals of two hours, and the milk should be freshly prepared at each time of feeding. When the breast becomes the source of supply, the same interval should be preserved during the first week, when it should be extended to two and a half hours. After the second month, three hours should be the interval between the periods of suckling, when a gradual reduction may be commenced, until, at the ninth month, the number of meals should not exceed five. These intervals apply of course to vigorous children. Feeble infants should be nursed oftener. The time for weaning must depend upon the development and condition of the child, the quantity and quality of the mother's supply and the state of the mother's health. As a rule, the breast cannot be relied upon after the 10th or 11th month. If the mother is unable to nurse her child, it may be reared on cow's milk or condensed milk. It is better for the child, that milk be procured from one healthy, properly fed cow. After the first month the milk should be mixed with an equal quantity of pure, warm water, and sweetened, and the proportion of milk gradually increased until the ninth month, when it may be given undiluted. The addition of a grain or two of phosphate of lime daily, or a little lime water, is beneficial for the nourishment of the lung tissues. When condensed milk is used, it should be sufficiently diluted to re-

semble milk and water. A proper degree of sweetness will indicate the required state of dilution. While in my hands it has not proven as satisfactory as cow's milk for constant use, it may occasionally be substituted with advantage, for a change. The greatest care must be exercised as regards the quality of the milk, its quantity, the intervals of feeding, its proper preparation and cleanliness. The water used, should be boiled to insure purity. The simple flask and nipple is the best contrivance, because the easiest cleansed; disregard of this important precaution will permit the lodgment of caseinous masses, which are speedily attacked by *oïdium lactis*, that parasite which is always present during the fermentation of milk, and the smallest particle of which is capable of setting up a diarrhœa or even exciting an attack of cholera infantum. If the mother's nipples and child's mouth are not washed after each act of suckling the same fermentative changes in the drops of milk are likely to occur and cause in the mother, sore nipples, and in the infant, thrush.

During the first six months the food of the infant should be limited as far as practicable to milk. According to the best authorities on the subject, the quantity required, whether it be from the mother's breast or consist of cow's milk, is a quarter of a pint on the second day, two-thirds of a pint on the third day, about a pint on the fourth day, and the quantity is gradually increased until the sixth month, when not less than two pints daily are wanted.

This is indeed a critical period in the life of a child — the period of "starvation-induced ailments." During this age a large proportion of mothers fail to furnish an adequate amount of nourishment for their infants; and they supplement their diet by various articles, such as tapioca, arrowroot, corn starch, rice, potatoes and the like, and charge the feeding bottle with all sorts of messes, which either do not contain sufficient nutriment or cannot be digested. The consequence is, the child begins to waste and, whether diarrhœa sets in or not, the actual cause of death is gradual starvation. The reason why starchy

foods are unsuited to young infants, is based upon physiological grounds so well understood, that it would be an insult to the intelligence of your subscribers to mention them in this connection.

In a paper by Jacobi on the subject of infant hygiene, mention is made of a report by Walser on the death-rate of infants under one year, in a country town in Germany where breast-milk was systematically withheld, and it amounted to 499 per 1000; in a neighboring town where a part of the babies were allowed the breast, it was 322 per 1000. Whilst it was not so stated, it is likely that the exclusion of breast-milk referred to in Walser's report included milks generally.

It is estimated that of the 120 deaths within the first year of life per 1000 of children born in this country, about 40 per cent. were from digestive disorders. We should not wonder at this enormous early mortality when we take into account the almost universal disregard of dietary restrictions.

Whilst no physician would dispute that the proper food for infants is the mother's milk, it is true that if mother's health prevents her from nursing her child, it may be reared on fresh cow's milk, or goat's milk, or condensed milk, under the restrictions already stated. The number of healthy infants who are reared in this way prove that, with proper care, a wet-nurse need only be employed in very exceptional instances. Much has been written about the crowds of infants who have to be left behind in the impoverished home when the mothers go out to work. This is a phase of the subject which need not be discussed, for when proper food cannot be provided, it is mockery to talk of dietetic rules or errors. Many such children, however, languish and die who might be saved by a few simple suggestions from the doctor regarding diet. But what is to be said of the unmotherly mothers of the better class, especially in our cities, who renounce nursing their infants and entrust them to hired wet-nurses; and of the wet-nurses who confide their children to cheap women to be reared at

the least possible expense. Such women ought not to be spared the accusation of causing the ill-health or death of their babies.

After the sixth month, as a rule, the salivary glands begin to secrete freely, and then the child's diet may with great advantage be supplemented by farinaceous foods. Very wholesome and nutritious dishes can be made of well cooked oatmeal porridge, corn meal gruel, or rice with milk, bread with milk, mashed potatoes, etc. Animal food should be allowed after this age, and may be served in the form of juices expressed from rare steaks, soups, broths, stews, etc. At first these articles should be given tentatively, and if they are found to agree, may be furnished liberally; over-eating never, of course, being permitted. There should not be too much stinting, because ailments frequently arise from weakened constitutions induced by scantiness of food. As a rule, milk is essential to the healthy nutrition of the child, and should continue to form a considerable portion of its diet until it is two years old. This rule, however, admits of numerous exceptions. It very frequently happens among children who have been fed mainly upon milk, that gastric and intestinal disorders occur; large caseinous masses are vomited, and undigested cords are present in the frequent stools. The vomiting and diarrhœa generally persist, in spite of all medical treatment, until the milk has either been largely diluted, or eliminated entirely from the dietary. So common are digestive disorders among artificially fed children—between the ages of six and eighteen months—in whom milk has been the principal diet, that for a number of years I have adopted the rule, of allowing milk for the first and last meal of the day only, and then in combination with oatmeal porridge, rice, or other farinaceous substances; the other meals consisting of animal broths, or juices with rice or barley. I have found Mellin's food for infants to be a valuable addition to the dietary of children.

Of scarcely less importance than the articles which enter into the daily diet of children, is the manner of feed-

ing. The general run of mothers nurse their infants whenever they cry, under the mistaken impression that they are hungry, when the real provocation is an overloaded stomach. Over feeding is followed by vomiting, which the "wise old women" say is healthy indeed, because it saves the child from the effects of gluttony. It is no more a sign of health for an infant to throw up its milk, than it is for a man to vomit his dinner. In either case it would indicate that too much had been eaten or that the stomach was disordered. Many a case of diarrhœa and irritable stomach have I cured without medicine, simply by lengthening the interval between the periods of suckling or reducing the quantity drunk at each effort. Infants frequently cry because they are thirsty rather than hungry, and should have water given them when they are fretful between mealtimes. Older children suffer from the effects of the same irregularity, the habit of eating between meals—the keeping of the digestive organs constantly on duty. Cakes, pies, candy and nuts are the bane of the nursery.

The delicate constitution of infants and young children, and their feeble resistance to cold and weather changes generally, require that great care should be taken regarding their clothing. I will spare you the affliction of a narration of the powers of conduction, radiation and reflection possessed by different textures and colors and their adaption to different climates and seasonal changes, and will only refer to a few practical points connected with the subject. The principal use of clothing is to assist in maintaining animal heat, to protect against the changes and inclemencies of the weather and to add generally to bodily comfort. A great writer has said that clothing is intended to serve the purpose of a second skin. This being so, garments worn next the skin are preferably made of wool or silk, because they absorb the moisture readily, are bad conductors of heat and can be made as light or heavy as may be desired, all of which properties conduce to the maintenance of an equable bodily temperature.

Nearly 50,000 children under five years of age die an-

nually in the United States of pulmonary affections, and there is no doubt that a large proportion of those deaths are due to needless exposure to cold and wet, and to the ignorance or neglect which so generally prevails with respect to the matter of clothing. The absurd delusion which suggests that to harden children it is essential to expose their legs and chests to the piercing blasts of winter, their bare feet to the wet, cold earth, and their uncovered heads to the summer sun, leads to many an illness which terminates fatally. We might reasonably expect that examples of this belief would be furnished from among the ignorant poor; but not so we can see on our streets any day in winter months the children of our most intelligent classes, clad in expensive dresses, with neck, arms and legs perfectly bare. The average mother exercises little more discretion in dressing her children than an American savage.

The exceptional susceptibility of children to atmospheric influences, would seem to suggest that they should always wear flannel or silk next the skin, summer and winter. Many a child's life has been sacrificed to the senseless prejudice against flannel. Garments worn during the day should not be slept in. The child's night-clothes should be in the form of drawers, as they afford protection to the body and limbs even though the cover be kicked off. Protracted chilling of the surface during sleep may lead to the most serious consequences. Bed-clothes should never be too heavy or too warm, otherwise the respiration is interfered with, perspiration is excessive, and the body becomes relaxed; the night's rest is disturbed, and the little sleeper awakes unrefreshed. All coverings of the bed, except the sheets, should be of wool. In very cold weather children should sleep with a grown person, in order that they may be kept covered. It is scarcely necessary for me to do more than refer to the importance of ample ventilation of the sleeping apartment; of having the bed a proper height above the floor; and of avoiding corners and recesses as a situation for the bed, on account of the danger of vitiated air.

The important functions which are discharged by the skin, make body cleanliness a necessity to health. The whole surface should be washed from head to foot every day. Neglect of this precaution soon leads to the formation of a thin crust, which covers the whole of the body, and which is composed of exfoliated epithelial scales, mingled with the oily products of the sebaceous glands and floating dust derived from the atmosphere. The consequence is, the pores of the skin become obstructed, and double duty is thrown on the other eliminating organs. The balance of the economy being disturbed, impurities accumulate in the blood; the overtaxed organs break down; and the skin itself suffers from loathsome and painful disorders.

The hands and face of children should always be washed before taking their meals, it may prevent the ingestion of obnoxious matters.

Infants should always be bathed in warm water; and especially does this injunction apply to infants immediately after birth, in whom there is always a depression of temperature.

A clean skin does not constitute the sum of cleanliness; for equally important are clean clothes, and cleanliness of dwelling and its surroundings. A distinguished author writes: "We cannot help associating foul skins with moral degradation, as well as bodily ill health; and are forced to the conclusion that mendicant filth and moral depravity generally go hand-in-hand."

Exercise is not only conducive, but essential to physical growth and the maintenance of sound health. There seems to be an instinctive desire in children to exercise every muscle. Sir W. Jenner says: "Strip a child of a few months old and see how it throws its limbs in every direction; it will raise its head, coil itself round, and grasping a foot with both hands, thrust it into its mouth as far as possible, as though the great object of its existence at that moment was to turn itself inside out." Now these movements constitute the exercise of the child, and care

should be taken not to impede the free motion of the limbs either by tight clothing or by strapping it in a narrow cradle or buggy. When a child begins to crawl it should be allowed to do so freely, and not to be packed about by a nurse. When a child reaches the age of three years it will play as it ought, if it is not restrained. Many parents seem to have a natural fear of fresh air; and keep their children in doors so continuously that they grow up with flabby muscles and feeble resistance; or succumb to influences originating in defective house hygiene. After the third year exercise of a more or less systematic kind in the open air should be commenced.

We have seen in another connection that there occurred during the last census year in this country, a little over 50,000 deaths from infectious diseases among children under five years old. It is true that medical men, with the disinterestedness which characterizes the profession, are seldom lax in doing all they can to prevent the spread of disease; but their efforts avail very little, since many parents consider some of these diseases to be natural and inevitable disorders of childhood, and deliberately expose their children to infection that they may take the disease and have done with it.

With proper statutory backing, it would not be very difficult to prove by practical results, that most of this class of diseases are preventable and unnecessary.

I have endeavored in this poorly prepared paper to show that the sources of many of the diseases of infancy and childhood are largely controllable; that the manifestations of disease to which they give rise are preventable; that they seem to depend mainly on a disregard of the laws of health — often through ignorance, sometimes through indifference, and occasionally through reckless neglect. Not a few of them are associated with the exactions and usages of society.

There are many points connected with overcrowding, filth, ill-constructed habitations, etc., which the limits of this paper prevent me from noticing.

The Antiseptic Treatment of Wounds.

By WIRT JOHNSTON, M. D., Jackson, Miss.

One of the most important as well as interesting subjects connected with the practice of medicine is the treatment of wounds. It is not only of importance to those whose practice is confined to surgery in the large cities, but also to the country physician who is called upon to assume the management of the various wounds to which people are liable, and to perform operations for their comfort and welfare, or even for the preservation of life itself. Emergencies often arise when there is no time to seek the services of a skilled surgeon, and where delay would involve the life of the patient. Every country physician through necessity, if not from choice, practices surgery to some extent, and it becomes necessary that he should understand the proper method of dealing with wounds.

When the results of Mr. Lister's investigations were announced it marked a new era in the practice of surgery. There were then, however, and still are, some who deny the correctness of the principles involved in the antiseptic treatment of wounds and regard its application as only requiring a large amount of absurd and unnecessary particularity. There are those who are perfectly content to apply the old fashioned water dressing and "let nature take its course" in a wound alive with micro-organisms. This though is not scientific surgery, and is conclusive evidence that they have never had any personal experience in the strict antiseptic treatment of wounds, or seen its wonderful results in the hands of others. But it is my belief that there are very few at this time who do not recognize the correctness of the principles on which antisepticism is based and who do not, to some extent at least, apply it in practice. Although this is sometimes limited and imperfect still the results obtained are better than when no attempt at all is made in this direction.

The antiseptic treatment of wounds has at this time reached a degree of perfection that affords the most splendid results, and there are now being recorded every day

the greatest achievements ever known in operative surgery. Departures are constantly being made from what were formerly regarded as established principles, and no one can foresee what may yet be demonstrated to be possible within the range of operative surgery. Operations heretofore looked upon as extremely hazardous and which were only undertaken by the boldest surgeons have now become every day procedures. The knife now invades parts that were before forbidden ground. The great joints are opened without hesitation and suppuration, septicæmia and pyæmia are no longer dreaded as they used to be. The surgery of to-day is in fact characterized by an aggressiveness well calculated to astonish him who received his medical education even in the last decade.

It is by no means my thought of discussing the general principles of antisepticism, but assuming that the great importance of excluding microbes from wounds, or destroying or preventing their development when once introduced has been conclusively demonstrated to the great majority of the profession, I shall confine myself to a consideration of the means to be employed to effect the object. My purpose is to take a practical view of the subject, but as it will be impossible to go over the whole ground in the limited space at my disposal, I shall only refer to what occurs to me as some of the most important points. I desire that it should be understood that no claim is made to originality in what I have to say, for the new antiseptic method is now practiced in most, if not all, the large hospitals, in some of which I have had the opportunity of seeing it applied.

In hospital practice a number of antiseptic appliances are used, but I shall only endeavor to describe such as would be convenient to use in private practice.

Bichloride of Mercury has been demonstrated to be the most powerful of germicides and is used in aqueous solution of strengths varying from 1 to 1,000 to 1 to 5,000. It should be used of a strength of 1 to 1,000 to wash the skin in the region of a wound, to wash the hands and forearms of the operator and his assistants, to wash out infected

wounds and to wet the towels which are to be placed about the wound or the point to be operated upon. A strength of 1 to 2,000 should be used to irrigate the wound and in which to wash sponges. A strength of 1 to 5,000 is suitable to wash out large synovial cavities, to use in the peritoneal cavity and for intra-uterine injections. If used of a strength of 1 to 1,000 in fresh wounds and a quantity is permitted to remain in the wound there is some danger of producing constitutional symptoms. A strength of 1 to 2,000 is efficient as a germicide and is safer to use about fresh wounds than a stronger solution. A strength of 1 to 3,000 is also said to be efficient. Seven and three-tenths grains of the bichloride to a pint of water would make an 1 to 1,000 solution. It is my custom to dissolve fifty-eight grains in an ounce of glycerine, and one drachm of this added to a pint of water approximates nearly an 1 to 1,000 solution; one drachm to a quart an 1 to 2,000 solution. An additional quantity of water can be added to dilute the solution as desired. A convenient form in which to use the bichloride is the compressed tablets of John Wyeth and Brother, of Philadelphia, one of which added to a pint of water makes an 1 to 1,000 solution. The solution of bichloride applied to the skin sometimes produces an eruption which is unimportant. Solutions of bichloride of mercury should be kept in glass or porcelain vessels. If put in metallic vessels a precipitate will form.

Carbolic Acid is used in the proportion of 1 part to 30 parts of water in which to keep the instruments, needles, ligatures, oiled silk, Esmarch's tourniquet and rubber drainage tubes immersed during an operation.

Iodoform, powdered, is used to dust over wounds that are to be left open, over the line of suture in closed wounds and about the mouths of drainage tubes. A convenient contrivance in which to keep it is a hard rubber box made on the principle of a pepper box with a number of small openings in the top through which it can be dusted. A top fits over these openings when not in use. The bottom of the box is made to unscrew to admit of the introduction

of the iodoform. These boxes can be obtained from dealers in surgical instruments.

Bichloride of Mercury Gauze is made of cheese cloth or other similar fabric. It is rendered absorbent by the removal of the oily matter and is then made antiseptic with an 1 to 1,000 bichloride solution. Several thicknesses of it should be applied directly over the wound, or if the protective oiled silk is used, directly over it. It should not only cover the wound but should extend a short distance over the skin beyond. It being absorbent the discharges readily pass through it.

Absorbent Bichloride of Mercury Cotton is used to place over the gauze not only to aid in excluding microbes but also to catch and absorb discharges. The quantity used should be in proportion to the size and character of the wound and the quantity of discharge of serum and blood anticipated. It should cover the wound and extend several inches beyond and be used in a liberal quantity. Absorbent borated cotton is sometimes used for the same purposes.

Drainage Tubes should be used in wounds of an extent or nature that require them to drain off the discharges. They are made of rubber and decalcified bone and should have openings cut along their course at intervals of about half an inch. Bone drains are unirritating to the tissues, but are only suitable to be used in wounds where drainage is desirable for a short time. They collapse soon after their introduction and are usually absorbed in ten or twelve days. They should be kept stored in alcohol. Where more permanent drainage is desirable, rubber tubes should be used. As these are not absorbed the dressings will have to be changed at the proper time to remove them. They should be kept in a solution of carbolic acid 1 part to 30 parts of water. When introduced, the projecting ends of drainage tubes should be cut off and each should be secured in place with a safety pin taken out of the carbolic acid solution and stuck through the free end. When introduced in deep cavities, for instance in abscess of the liver or pleural cavity, a convenient way to secure them is to run a

needle armed with thread through the free end close to the skin and then after removing the needle secure the thread to the skin with strips of adhesive plaster.

Ligatures and Sutures, of silk, both white and black, (iron dyed) and catgut are chiefly used. Silk is now used principally for ligating hemorrhoids and pedicles on account of its strength. Catgut has now almost entirely superseded silk for sutures and ligatures on account of its unirritating character. It is usually absorbed by the tissues in ten or twelve days, the smallest sizes at an earlier period. It is prepared in several ways. The method of Thiersch is to put it in juniper oil for twenty-four hours, then in glycerine for twenty-four hours and then keep in 95 per cent. alcohol. Several sizes are used. Number 7 is the size used for ligating arteries the size of the radial. When used as a ligature it should be tied in a square knot the ends cut close, not too close, and left in the wound. For suturing it is used either as an interrupted or continued suture. It can be bought ready prepared, stored in bottles, under liquid and wound on reels. This is the most convenient form in which to procure it. Silver wire is used for special suturing. Silk worm gut is also used and is said to be strong and unirritating and is not absorbed.

The antiseptic preparation of *sponges* is troublesome, and they can be bought at a reasonable price, ready prepared and stored in fruit jars in an 1 to 30 carbolic acid solution. When they are removed from the jars to be used they should be put into the 1 to 2000 bi-chloride of mercury solution. They are difficult to cleanse after being used, and it is best to throw them away.

Protective oiled silk is used to place over a wound to prevent the dressings from sticking. It should be placed in an 1 to 30 carbolic acid solution before being used, and should be applied in a strip just a little wider than the wound, and openings should be made in it to admit the mouths of drainage tubes.

Gutta-percha tissue is used to cover the other dressings when it is desirable to preserve them in a moist condition.

It should be washed in the bi-chloride solution before being applied.

An absorbent bichloride of mercury gauze bandage should be used to hold the other dressings in place. These bandages can be bought already prepared.

An irrigator is indispensable, with which to keep the wound and hands of the operator almost constantly bathed in an 1 to 2000 bichloride of mercury solution. It consists of a glass bottle of sufficient capacity, with a piece of rubber tubing of proper length, leading from an opening near the bottom of the bottle. The tubing should be provided with a clamp to shut off the flow, and terminates in a nozzle. In hospital practice several of these irrigators, containing solutions of different strengths, are arranged on a shelf at a proper height. A more convenient irrigator for use in private practice is a rubber bag or Fountain Syringe of about four quarts capacity, provided with the proper tubing and clamp. This can be hung on a nail driven in the wall or window casing. The irrigator should be placed three or four feet higher than the operating table. A pitcher or two containing bichloride solution should be at hand to refill the irrigator when emptied.

A rubber or other water-proof sheet should be placed under the patient to catch the fluids. It should be so folded, and the folds secured with pins, as to convey the fluids into a receptacle placed at the foot of the operating table. I have used a common oil cloth table cover for the purpose, first washing off the surface with a solution of bichloride of mercury. The head of the table should be slightly elevated, so as to facilitate the flow of fluids toward the foot.

Towels wet in an 1 to 1000 bi-chloride of mercury solution should be placed about the wound or point to be operated upon, and so arranged that the hands of the operator and his assistants, the instruments, sponges, ligatures, etc., could possibly touch no surface that is not aseptic. These towels should be placed under the parts and above and below the wound or point for operation.

In the treatment of wounds absolute cleanliness is of the greatest importance. Cloths or bedding that have become soiled should be removed from about the wounded parts and all foreign matter of every description, and tissue, the vitality of which has been destroyed, should be removed from the wound. The skin in the vicinity of the wound should be washed with soap and water and shaved with a razor to remove the hairs and dead epithelial cells which are suitable places for the abode of micro-organisms. The skin should be scrubbed with a soft brush and washed off with an 1 to 1,000 solution of bichloride of mercury. Hands that have not been rendered aseptic by being washed in the 1 to 1,000 bichloride solution should not touch the wound or surrounding parts, the instruments or sponges, or anything that is to be used about the wound. The wound and hands of the operator should be kept pretty constantly bathed with the bichloride solution from the irrigator. The irrigation should be done by an assistant. Instruments after being used should be wiped and replaced in the carbolic acid solution. Sponges after being used should be washed in the bichloride solution before being used again. Sponges that have fallen on the floor should not be used again during an operation. The instruments, needles, ligatures, oiled silk, rubber drainage tubes and Esmarch's tourniquet should be placed in the 1 to 30 carbolic acid solution about half an hour before being used. Before the dressings are applied all bleeding vessels, veins as well as arteries, should be tied with catgut ligatures and the ends of the ligatures cut close. The bleeding from small vessels could be controlled by torsion or compression with the artery forceps. Clots of blood should be thoroughly removed from the wound.

In order to secure the most perfect results it is necessary that the antiseptic method should be applied thoroughly and carried out in its most minute details, and he who does this well will succeed far beyond him who does so imperfectly. Thoroughness here in every particular is all important. He who bathes a wound with an antiseptic solution and does not render his own hands aseptic, or who uses

instruments, sponges and other things about the wound that have not been made aseptic, is not practising antisepticism and will be sure to be disappointed in the results obtained. Much that has been said in opposition to the antiseptic treatment of wounds has, no doubt, been due to a failure to pay strict attention to the minute details.

Antiseptic dressings should not as a rule be removed until the wound has healed, unless some untoward symptom should occur to require it. If there should be a high temperature the dressings should be removed and the wound examined, or should the dressings become saturated with serum or other discharges they should be removed and fresh dressings applied. It should be remembered that the dressings are absorbent and permit the ready passage of fluids. If only a slight discharge of serum should show itself on the surface of the dressings, it will not be necessary to remove them, as a little iodoform sprinkled over it will insure asepsis and a little more of the bichloride cotton should be added. If secondary hemorrhage should occur a removal of the dressing would, of course, be necessary. When rubber drainage tubes have been used it will be necessary to change the dressings for their removal before the wound has healed at the points occupied by them. As long as there are no symptoms to indicate mischief in the wound, with the exceptions mentioned, the original dressings should remain untouched until the wound has healed. When it is necessary to remove the dressings it should be done under irrigation with the solution of bichloride of mercury.

For the purpose of describing more clearly the new antiseptic system let us now consider its application in a few cases. Suppose an amputation is to be made at the junction of the middle and inferior thirds of the thigh. The following preparations should be made: The operating table should be covered with a rubber or other water proof sheet so folded and pinned as to catch and convey the fluids into a receptacle placed at the foot of the table. Don't forget to elevate slightly the head of the table by putting some-

thing under the legs to facilitate the flow of fluids in the opposite direction. The irrigator should be filled with an 1 to 2,000 solution of bichloride of mercury and arranged three or four feet above the table. A pitcher or two containing an 1 to 2,000 bichloride solution should be at hand to refill the irrigator when emptied. A bowl should contain an 1 to 1,000 solution of bichloride of mercury in which to wash the hands and fore-arms of the operator and his assistants. Another bowl should contain an 1 to 2,000 bichloride solution in which to wash sponges. A clean empty bowl to hold the sponges after being washed in the bichloride solution. One or more vessels containing an 1 to 30 carbolic acid solution in which the instruments and Esmarch's tourniquet should be kept. A small vessel containing an 1 to 30 carbolic acid solution in which needles and ligatures should be kept. The instruments, ligatures, etc., should be put in the carbolic acid solution about half an hour before the operation is commenced. A bottle should contain bone drainage tubes in alcohol. Iodoform, absorbent bichloride of mercury gauze, absorbent bichloride of mercury cotton and absorbent bichloride of mercury gauze bandages should be on hand ready for use. The gauze and cotton should be cut of the proper sizes.

When the patient is put on the table, wash the skin at the point to be operated upon and for some distance above and below with soap and water, shave with a razor and wash with an 1 to 1,000 bichloride solution. Take the Esmarch's tourniquet out of the carbolic acid solution and apply. The hands and lower portion of the fore-arms of the operator and the assistants should have been previously washed in the 1 to 1,000 bichloride solution. Place towels wrung out of the 1 to 1,000 bichloride solution under the limb and about it above and below the point for operation, so that the hands, instruments, sponges, etc., used about the wound could possibly touch no surface not aseptic. Instruments that have been used should be wiped and replaced in the carbolic acid solution. Sponges after being used should be washed in the 1 to 2,000 bichloride solution before they are

used again. During the operation, the wound and hands of the operator should be kept pretty constantly bathed with the 1 to 2,000 bichloride solution from the irrigator. The irrigator should be managed by an assistant. No one whose hands have not been rendered aseptic should be permitted to touch the wound, sponges or instruments. When the operation is completed the bleeding vessels, veins as well as arteries, should be ligated with catgut tied in a square knot and the ends cut close. These are to be left in the wound. The bleeding from the smaller vessels could be controlled by torsion or compression with the artery forceps. When the hemorrhage has ceased, bring the flaps together with catgut used either as a continued or interrupted suture. As this is being done, insert two bone drainage tubes, one in each angle of the wound, to secure perfect drainage. Cut off their projecting ends and secure each in place by sticking a safety pin taken out of the carbolic acid solution through it. Continue the irrigation until the wound has been closed. Insert the nozzle of the irrigator into the mouth of one of the drainage tubes and let the solution flow out through the other. Dust powdered iodoform over the suture line and about the mouths of the drainage tubes. Place a piece of bichloride gauze wet in the bichloride solution over the wound. It should be of ten or fifteen thicknesses and large enough to extend over the skin several inches beyond the wound. Apply a liberal quantity of bichloride cotton over the gauze. This should be put on about two or three inches thick and should extend some distance beyond the wound up the limb. Secure the dressings in place with a wet bichloride gauze bandage. This will not make a neat looking dressing, in fact will appear clumsy, but it is efficiency not appearances we are aiming at. The dressings should be permitted to remain in place until the wound has healed unless some symptom should occur that would require their removal.

Chronic ulcers of the leg can be made to heal under the antiseptic dressings. I have recently had the satisfaction of seeing one of these ulcers heal in twenty days that I had

previously been treating to no purpose for a year or more. The plan to be pursued is as follows: Place the rubber sheet under the limb and wash the skin in the region of the ulcer with soap and water and shave with a razor. Then wash thoroughly with an 1 to 1,000 bichloride of mercury solution from the irrigator. Place towels wet in an 1 to 1,000 bichloride solution under the limb and around it above and below the ulcer. Remove the necrosed tissue in the ulcer. A curette should be used if necessary to scrape it away, and an Esmarch's tourniquet should be applied if much tissue is to be removed. If necessary the patient should be put under the influence of ether. The object to be sought is the conversion of a sore already infected into a non-infected one. As in other antiseptic procedures the hands of the operator should have been washed in an 1 to 1,000 bichloride solution. Sprinkle a liberal quantity of iodoform over the wound. Instead of using iodoform the wound is sometimes filled with bichloride of mercury gauze saturated with balsam of Peru. Several thickness of bichloride gauze wet in the bichloride solution should now be applied and a liberal quantity of bichloride cotton placed over it. Cover the other dressings with a piece of gutta-percha tissue and secure all in place with a wet bichloride gauze bandage. The patient should be kept in bed with the limb elevated. The dressings should be removed in ten days and if the granulations have not reached near enough to the level of the skin, fresh dressings of the same kind should be applied. When the granulations have nearly reached the skin level, begin skin grafting. Cut the skin grafts from a portion of skin that has been shaved and rendered aseptic. Before the grafts are planted the granulating surface should be washed with a warm solution of boric acid squeezed from a sponge. After the grafts are put on sprinkle iodoform over the surface. Place a piece of oiled silk, taken out of an 1 to 30 carbolic acid solution, over the ulcer. Put some bichloride gauze over this and cover with bichloride cotton. Secure the dressings in place with a bichloride gauze bandage.

This dressing should be removed in five or six days and more skin grafts inserted if necessary. In small ulcers the skin grafts may not be necessary; they skin over without them. I have witnessed this result in a recent case.

A gun-shot wound involving only soft parts, in other words, a simple flesh wound, should be treated as follows: If pieces of clothing, etc., have been carried into the wound by the bullet they should be removed. Wash the skin in the vicinity with soap and water and shave with a razor and then wash with an 1 to 1,000 bichloride solution. Wash out the wound with an 1 to 2,000 bichloride solution from the irrigator. Insert one or two strands of catgut taken out of the bichloride solution into each of the holes made by the bullet, to secure drainage. Dust iodoform over the wound. Cover it with a few thicknesses of wet bichloride gauze. Put a small quantity of dry bichloride gauze over this and cover with gutta-percha tissue. Secure the dressings in place with a wet bichloride gauze bandage.

Some wounds require an open treatment, for instance an extirpation of the breast for malignant disease, where it is sometimes necessary to embrace so much tissue in the incisions to remove all that is diseased, that the edges of the wound cannot be brought together. When this is the case silver wire sutures should be introduced and the opposite edges of the wound brought as nearly together as possible. Where the edges can be brought into coaptation catgut sutures should be used. Iodoform should be dusted over the wound and it should then be dressed with bichloride gauze and bichloride cotton as previously described.

In operations about the cervix uteri and vagina the parts should be irrigated with an 1 to 2,000 bichloride solution, and when the operation is completed the wound should be sprinkled with iodoform by means of a powder blower.

In laparotomy the irrigation should cease before the peritoneal cavity is opened, but should be resumed when the operation is completed and the peritoneum is brought together with the suture.

I have made no attempt to describe the treatment in all classes of wounds, but hope the few referred to will convey an idea of the general plan of treatment.

In conclusion, I desire to again call attention to the importance of a strict observance of the antiseptic system in every detail, for herein lies the secret of the great success now achieved in the treatment of wounds.

I am in the habit of obtaining the various antiseptic appliances from C. Am Ende, 1300 Broadway, New York, Room C.

Urethral Fistula in the Male.

By SAM'L LOGAN, M. D., Emeritus Professor of Anatomy and Clinical Surgery, Tulane University of Louisiana.

While this trouble is really more a complication of other primary conditions than in itself an independent disease, yet nevertheless, the surgical principles involved in its etiology, its pathology, and its treatment, possess quite a sufficient individuality to warrant, indeed to demand for it, a separate study. The analogy is complete between fæcal fistula and urinary fistula. The former, under the title of *fistula in ano*—only one of its sub-divisions—has long occupied an independent position in surgical nosology. An equal propriety would seem to suggest the assignment of a similar position to the various forms of urinary fistula. Gynecological surgery has already done so in regard to vesico-vaginal, urethro-vaginal, vesico-uterine and vesico-vagino-rectal fistulæ. Urethral fistulæ in males present, also, such important varieties and special characteristics as to demand individual consideration independently of their etiological antecedents. As in fæcal fistulæ, so in urinary fistulæ, it would seem natural that they should be grouped into two classes: first, those connected with the organs concerned, and, secondly, those connected with their excretory tubes. Thus in the former we have fæcal fistulæ connected with the other portions of the intestines and fistulæ connected with the rectum; while in the latter we would have the various forms of renal, urethral and vesical fistulæ

and urethral fistulæ. Such a classification is not only natural but eminently practical; for so marked a difference, etiologically, clinically, and from a therapeutic point of view, is bound to obtain between the two divisions as to demand their separate consideration.

Urethral fistula in the male is one of the most frequent affections coming under the care of the surgeon, as also the general practitioner; and yet it must be said that the true principles involved in its pathology are not as generally recognized as their importance would seem to demand.

A condensed presentation of the subject as it suggests itself to one of some experience in this line of surgery may, therefore, prove of some interest to the readers of this JOURNAL.

Varieties.—As in *fistula in ano* we may have three varieties, dependent on the stages of development in the pathological process, giving us the internal incomplete fistula, complete fistula and external incomplete, so we have exactly analogous conditions in urethral fistula in the male. This clinical fact has not as yet attracted the attention it deserves, and yet there are as sufficient grounds for the division of these fistulæ into the three varieties of internal incomplete fistulæ, complete fistulæ and external incomplete fistulæ in the one case as in the other.

The internal incomplete urethral fistula is usually described as “urinary extravasation,” the first stage in the promotion of the complete fistula. There are two distinct classes of such cases. In one, the most common, the processes are active, acute and rapidly progressing—the ordinary phenomena of urinary infiltration of the perineum, of the scrotum, and of the sub-cutaneous areolar tissue of the abdomen, the urine even extending sometimes into the axilla. It may be objected that this condition of affairs is, more correctly, a violent cellulitis caused by extravasated urine than a fistula. True; but if the case be followed out, the complete fistula is the final result, the extravasation and cellulitis being incidents only. Just the same thing occurs in the formation of a *fistula*

in ano; first, a solution of continuity—pathological or traumatic—in the mucous membrane of the rectum; next, escape of the contents, causing, next, a more or less violent cellulitis, and, finally, penetration of the skin and the complete fistula, or the external incomplete as the case may be. This active process may be designated as the acute variety of internal incomplete urethral fistula. The other variety I would designate the chronic. It is characterized by much less active phenomena, and may even never develop into a complete fistula. It is comparatively rare. The urine escapes in smaller quantities, and the inflammation excited is correspondingly less. Time is given for the conservative processes of a protective rather than a destructive grade of inflammation to assert themselves. Instead of rapidly developed suppuration following the diffused extravasation, opportunity is offered for the partial organization of the “plastic exudation” from the less severe inflammation resulting from the less amount of escaped urine. A plastic wall is thus formed which more or less successfully confines the urine within limits, and a circumscribed tumor is the result, consisting largely of plastic exudation confining the urine. The further progress in these cases may develop in two directions, depending largely on the more or less successful treatment of the original cause—usually a stricture. If this cause be not promptly removed, or at least lessened, more and more urine escapes from the natural channel; the tumor enlarges and becomes more sensitive; the irritant qualities of the daily increasing quantity of urine set up suppuration in its semi-vitalized walls, and a urinary abscess forms, soon seeking the surface and resulting in a complete fistula, on the one hand, or an incomplete external fistula on the other, provided the inner orifice closes up. Should this latter occurrence take place, the external incomplete fistula soon gets well of itself, in this respect differing from the analogous variety of anal fistula. But in some rare cases of chronic internal incomplete urethral fistula the pathological process takes a more conservative direction, provided the

true condition of affairs be early recognized, fully appreciated and judiciously treated. It may remain a long time in the form of a comparatively painless tumor to be gradually removed by absorption after the urinary canal has been restored to its approximately normal condition. Such a tumor may even be mistaken for a true neoplasm, as will be seen from the following case already published by the writer in an article on the "Differential Diagnosis of Scrotal Tumors." To explain the writer's views on this phase of the subject in hand he takes the liberty of reproducing it here:

CASE I.—B., colored, laborer, aged about 35; was sent to my office (by a medical friend of large practice and approved ability) about eight years ago, with a hard tumor occupying mainly the middle line of the scrotum just in front of the perineum. The patient brought a note from my friend to the effect that he had diagnosed a cancer, and wished to know whether in my opinion it would not be best to remove it at once. The swelling was round, hard, about the size of a small orange, and had been about six weeks in attaining this size. It was the seat of some pain, and the patient stated that it had been hard from the beginning. Its peculiar central position and the manner in which it appeared as if attached to the walls of the urethra attracted my attention, and on making the necessary inquiries I found that he had long suffered from difficulty in micturition. Urethral exploration demonstrated the existence of a narrow indurated stricture. Coincident with the relief of the stricture the swelling gradually disappeared entirely, without even the formation of a urinary fistula. (NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, June, 1880.)

The experience of most surgeons will no doubt furnish similar examples to the above. It is very seldom, however, that recovery occurs without the development of the complete variety of fistula.

This case illustrates fully one of the forms of what the writer would designate internal incomplete fistula. But there are other varieties occasionally met with not necessarily connected with stricture.

CASE 2.—A gentleman who had been the subject of stricture, but who had been treated by dilatation till the largest sized bougie could be easily passed, and a large sized acorn-pointed explorer could detect no obstruction, contracted a case of gonorrhœa which lingered a long while in a very chronic form. Over two years after he found himself still annoyed by an irritation he himself located as near the meatus. Frequently a drop or so of thin pus could be made to escape through the meatus by pressure applied to the under portion of the glands; just what occurs in cases of internal incomplete *fistula in ano*. At last a little pustule appeared on one side of the frenum, which opened and gave exit to a thin purulent fluid. Inserting an exceedingly fine probe into the little ulcer it readily passed parallel and quite near the canal and entered it nearly half an inch behind the meatus. A slender knife was passed along the probe and the two canals were made one by cutting into the urethra, very slightly enlarging an already quite large meatus. The parts healed kindly, and the patient after many months of hypochondriacal depression was made happy by the possession of a “dry penis,” as he termed it.

It is not unlikely that very many of those chronically wet penises and obstinate gleets supervening upon attacks of gonorrhœa are produced by just such minute, internal, incomplete urethral fistulæ at various points along the canal. Nor do I doubt but that this is the true pathology of many, if not all, the abscesses, perineal as well as penile, sometimes complicating gonorrhœa. The gonorrhœal virus gets a lodgment in some follicle, becomes inaccessible to the injections and keeps up a specific catarrhal inflammation therein, ready either to reinfect the urethral mucous membrane proper and thus light up recurrent gonorrhœal urethritis, or, exciting deeper inflammatory action, to form the internal incomplete urethral fistula I have described.

The complete urethral fistula need not detain us long. Its features are so familiar on account of its frequency, that it need but be mentioned in this phase of the discussion.

The external incomplete urethral fistula as a rule does not last long. The fact of its internal orifice being closed usually insures its prompt disappearance, differing in this respect from external incomplete anal fistula.

Etiology and Pathology.—By far the majority of urethral fistulæ in the male result from changes brought about by the presence of urethral stricture. These cases are so common as to make it unnecessary to quote instances. It does not necessarily follow that the dilatability of the canal should be very greatly reduced. Other factors are at work besides the mere detention of the urine behind the stricture. Some of the most obstinate fistulæ are found when the dilatability of the urethra is but little impaired, at least so far as can be judged by the passage of instruments. Of course the rule is that as the stricture is dilated, and often before the full dilatation has been reached, the fistula heals.

But the exceptions are so marked and, though infrequent, so obstinate, as to indicate that in such cases other pathological processes are at work well worthy our careful consideration. The usual sequence is as follows: Localized obstruction to the free passage of the urine causes a tendency to a pouch-like dilatation of the canal behind the stricture, causing in some cases even a slight retention of a few drops. A chronic form of inflammation is set up at and behind the stricture, which more or less impairs the tone of the mucous membrane.

This chronic inflammation may even pass to the point of ulcerative destruction of the epithelium; or at least to such impairment of its resisting power that, under the vesical tenesmus generally excited by the stricture, a greater or less solution of continuity occurs, more or less urine escapes, and the beginning of the fistula is made. Usually this condition results only after considerable reduction of the urethral dilatability has occurred, and after the stricture has been in existence a considerable time. But, as I have said, this hardly explains all the cases we see. We sometimes have a fistula without very marked contraction, and proving very obstinate, even

where the stricture has been dilated almost or even to the normal calibre of the canal. In such cases it will be usually found that the sound will sometimes pass in readily and sometimes be resisted by a spasmodic contraction at the seat of the stricture, and more than usual pain is felt as the instrument reaches the neighborhood or passes through. Some have denied the existence of "spasmodic stricture." The condition described under this term is, however, too frequently met with to be denied. Such cases are not true stricture alone however, but, in the opinion of the writer, mainly localized muscular hypertrophy of the circular fibres of the urethra. Any prolonged localized irritation in a musculo-membranous canal tends to localized muscular hypertrophy. This law is seen well illustrated in the case of anal fissures. Every surgeon is familiar with the large and powerful well-defined muscular ring of the sphincter ani in such cases. This muscular hypertrophy, with accompanying muscular hyperæsthesia—if I may so express it—is in many cases the chief cause of the long continuance of some urethral fistulæ, even after dilatation to an almost normal, if not quite normal, extent. It is also the cause of continued or recurring gleety discharges for months or even years after the treatment of some cases of stricture.

To make vigorous attempts to close such fistulæ, directed against the fistula itself, only does harm. And this is the practical application of the pathological point insisted on. The muscular hypertrophy and hyperæsthesia must be fully overcome first, by dilatation, gradual or immediate, or by urethrotomy—preferably by the former method. The fistula will then take care of itself.

CASE 3.—A gentleman, aged about 26, clerk, presented himself at my office, July 1st, 1886, after the death of his previous surgeon, with the usual history of stricture, following an obstinate gonorrhœa. The stricture had never been a very contracted one; the diameter having never been less than No. 12 American scale. Eighteen months ago a fistula began to form, and has continued to run at

intervals ever since. The stricture has always been very sensitive to instruments. When the canal easily admitted No. 12 American scale, the surgeon yielding probably to the impatience of the sufferer in regard to the fistula, commenced to attack it with iodine injections, nitrate of silver and other caustics, and ultimately with electricity. All this resulted only in increasing the cicatricial hardness about the sinus. The fistula closed for a time and no further effort at dilatation was attempted till it returned a month or so after. Dilatation was now again resorted to, but at the same time futile efforts were made to close up the fistula. On examination by me, No. 14 (American) passed to the stricture—about the bulbous region—and was at once arrested, the patient experiencing a twinge of pain. He told me that the instrument was not too large to pass, as corresponding sizes had been lately used. Retaining the bougie in gentle apposition, with now and then a light pressure, in a little while it slipped readily through; was retained about four minutes and withdrawn quite readily.

The system of gradual dilatation has been systematically pursued since; larger and larger instruments being employed. The spasmodic resistance is slightly lessened but still remains markedly perceptible. The fistula at first closed and opened at intervals; the periods of closure are gradually lengthening and for the last thirty days no urine has escaped. No. 17 American scale is now used.

Treatment.—There is no surgical affection in which the treatment, to be successful, demands a more careful appreciation of the precise pathological conditions present in each case. It must, therefore, vary with the variable stages of the pathological process, and must also take into view the special etiological relations both originating and continuing the morbid conditions.

In the internal incomplete variety of the acute type, prompt and energetic action is demanded. The internal incomplete must, by the hand of the surgeon, be at once converted into the complete form. This is done by making

one or more free incisions into the swelling on each side. A few hours even may in some cases make all the difference between life and death. Necrotic processes in the subcutaneous tissues infiltrated with urine are rapid, and septic absorption promptly ensues. Early and free incisions sufficiently deep to give ready exit to the fluid must be made; and in many cases the stricture, if it be the cause, may at the same time be divided by external urethrotomy. If impacted calculus or other foreign body be the cause it must be removed. Many cases might be reported to illustrate the importance of decisive and bold action under these circumstances. Let one of marked features be cited.

CASE 4.—About six years ago the writer was requested by a young professional friend to help him in a bad case, and when we met at the patient's bedside we found a strongly built mulatto man lying in a clammysweat, and with a hardly perceptible pulse. He was evidently in *articulo mortis* and did die in a few hours. His friends informed us that he had for some time been suffering from difficulty in urinating, but had been confined to his house only for the last three days, having been disabled by the sudden appearance of a very painful and rapidly increasing "swelling in his privates." He had been under the charge of a quack, who had informed him that he "had gravel," and had been dosing him with decoctions of some sort of herbs. My young friend had been called in only a few hours before, and immediately recognizing the very desperate nature of the trouble, had gone for his instruments and sent for me to share the responsibility of the case with him. On turning the bed clothes down we found the scrotum distended to an enormous size and of a purple, livid color. The skin of the penis and that of the lower abdominal walls was also swollen and boggy with the extravasated urine. Hoping against hope we divided the scrotum on each side freely and syringed out the parts with an antiseptic solution; but all in vain. The incisions practised the day before or earlier would probably have saved him.

In the chronic form of the internal incomplete fistula, when caused by urinary infiltration, it may not be necessary to do more than remove the cause. Case 1 will suffice to illustrate this point. We must be careful even in such cases to see that the tendency to a limitation of the extravasated urine is well marked, and that the swelling is not increasing, before we can expect a cure without an escape-opening through the skin. Those like the one cited, in which recovery occurs without an external opening, are the exceptions even in the chronic cases. While attending to the removal of the cause of all the trouble by a proper treatment of the stricture, or the removal of any other obstruction to the free passage of the urine, we must at the same time hold ourselves ready to open promptly the urinary abscess generally present, as soon as we see that it is decidedly increasing in size.

In incomplete external fistula we are seldom called on to do much so far as the fistula itself is concerned.

The very fact of the closure of the internal orifice usually suffices to insure a prompt closure of the whole tract. If not, the ordinary treatment for other fistulous tracts applies here.

The treatment of the complete fistula resolves itself entirely into the treatment of the urethral trouble, whatever that may be. This removed, the fistula soon assumes the form of the external incomplete variety, and this goes on under ordinary care towards complete recovery. But here comes the difficulty in some cases resulting from old strictures. As a rule, if the stricture be even partially dilated, the fistula closes without any measures directed especially to it; but if the muscular fibres at the site of the stricture have undergone the localized hypertrophy described, and especially if the hyperæsthesia of these hypertrophied fibres, also alluded to under the head of "pathology" in the previous pages of this article, be present, the spasmodic action excited by the passage of the urine will in some cases for a long time retard the cure, even when the urethral dilatability—having

the spasmodic resistance—approaches or even reaches the normal grade. It is in such cases that efforts directed to the fistula itself, such as cauterizations, injections, electricity, etc., etc., are apt to be tried, and tried in vain. They only do harm by increasing the production of cicatricial tissue about the urethral walls, thus adding to the difficulty.

The remedy in these case must be directed to the removal of the chief cause, not the secondary result. The stricture must be overcome in all of its elements, that of abnormal spasmodic action of the muscular layer at its site, as well as the mere mechanical obstruction produced by the stricture induration itself. This must be done here, as in the analogous conditions found about the anus, by patient gradual dilatation, by rapid over dilatation, by divulsion, or by the knife, used from within or from without. The selection of the proper method must be regulated by the peculiarities of each case and perhaps also to some extent by the preference of the surgeon. This, however, more properly belongs to the subject of the treatment of stricture, and cannot be now discussed.

HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

A CASE OF ALCOHOLIC SPINAL DISEASE; PROBABLY FUNCTIONAL.

Service of Prof. JOHN B. ELLIOTT.

J. A., white, aged 50 years, born in Germany; in this country for a number of years; by occupation a shoemaker; intemperate in his habits for two or three years; applied for treatment at the out-clinic, Charity Hospital, on February 16th, 1887, with the following history: January 1st, 1887, on rising in the morning patient experienced slight headache and dizziness; after ingestion of a cup of

coffee he began to vomit; stomach for four days was exceedingly irritable; during this time patient was in a state of unconsciousness with delirium, becoming at times violent. Consciousness gradually returned, when he was aware of a feeling of numbness in the feet and hands, pricking sensations in the feet, inability to hold anything with his hands, and want of co-ordination which prevented him from walking or standing unassisted, or from buttoning his clothing. He gives a good family history. His antecedents, except those mentioned above, are good; patient has never had syphilis. It may be proper to mention here, however, that patient, who had been a widower for two years, had married again in the latter part of 1886.

Upon examination, the patient's mind is found normal, the special senses acting well; there is no pain in the head or along the spine. He complains of feelings of formication in the hands and feet; the hands are in a constant state of tremor; tactile sensation and sensation to pain good, though somewhat retarded in upper and lower extremities; co-ordination somewhat interfered with, though not much improved with the eyes open, as tested in standing, walking, or buttoning his clothes; patella-tendon-reflex very much diminished, but not altogether lost. There is marked paresis in both upper and lower extremities. The electrical reactions, faradic and galvanic, of nerves and muscles fair.

Considering the history of intemperance given by this patient, the absence of some of the important symptoms of posterior spinal sclerosis, such as the fulgurating pains, the gastric crisis, the implication of some of the cranial nerves; the want of definiteness of the other symptoms, as the ataxia; absence of tendon reflexes; the presence of paresis; and above all taking into account the extreme rapidity of its development; we were inclined to attribute most of the symptoms in his case to functional troubles brought about by over-indulgence in alcoholics, though we are not prepared to deny the possibility of some minor organic lesions of the nerve centres.

STRANGULATED OBLIQUE INGUINAL HERNIA; HERNIOTOMY;
OPENING OF SAC; RECOVERY WITH RADICAL CURE.

Reported by F. W. PARHAM, M. D., Charity Hospital.

For most of the notes in this case I am indebted to Mr. J. H. DeGrange, resident student.

Aaron P., æt. 40, a tall mulatto, was brought by the ambulance into the Hospital, Nov. 24, 1886, suffering of a strangulated inguinal hernia. He told us he had been ruptured from boyhood; that he had worn for a long time a suspensory bandage to hold up the scrotum; that the bowel had often descended, but that he had hitherto always succeeded, while lying on his back, in reducing it by pressure with his hands. Being for eleven years the subject of chronic constipation, he had been for a long time in the habit of daily using a Davidson's syringe to open the bowels. To-day about 4 P. M., the bowel came down while straining at stool. He tried, as usual, to put it back, but failed, and, the pain growing greater, he had the ambulance telephoned for. The ambulance surgeons found him at 5:20 P. M. lying on his back, the legs drawn up and seemingly in great pain. Morphine sulph., gr. $\frac{1}{4}$, was injected under the skin and an attempt made to reduce, but unsuccessfully. He was conveyed as quickly as possible to the Hospital, where he was examined in the operating room about 6 P. M. Under chloroform, reduction by taxis was thoroughly tried, first in the recumbent position and afterward with the head and body hanging. All efforts failing, and the patient declining to submit to a cutting operation, he was carried to the ward and hot fomentations applied. A little after 10 P. M., the pain having steadily increased, he consented, under persuasion, to the operation, which was commenced at 10:30 P. M., under chloroform. The usual incision was made and the sac freely opened before cutting the constriction. A large amount of serous fluid was evacuated. The contents of the sac were bowel and a part of the great omentum. The constriction, which was chiefly at the internal ring, was thoroughly incised. The bowel and omentum, though con-

siderably congested, quickly recovered their circulation after relief of the strangulation, and, after washing with warm carbolized water, were returned into the cavity.

Oozing being well checked and the wound made aseptic and dry, the edges of the sac were united by the continuous catgut suture and those of the integument by silvered copper wire with intermediate silk stitches. A rubber tube was introduced into the lower end of the wound. No suturing of the pillars of the ring or ligaturing of the sac was done. The wound was thickly dusted with iodoform and a broad and thick padding of mercurialized purified oakum was snugly applied by a spica bandage. The operation lasted one hour and was well borne. When he had been conveyed to bed, a bag of shot, weighing about one pound, was placed over the dressing in the hope that the tissues, being well pressed together, might become welded and effect a radical cure. No opiate was administered that night, but on the following day, November 25, a one-grain opium pill was given every four hours and continued at lengthening intervals for several days.

Nov. 28, A. M. Removed dressing; no suppuration except in minute quantity where the tube was inserted; wound elsewhere apparently well united. The tube, having nothing to drain, was taken out, wound dusted with iodoform and the antiseptic dressing again applied.

Nov. 29. Some intestinal griping and tympanites. After three unsuccessful enemata of soap and water the following was ordered:

R_x Tincture assafœtidæ, ʒij.

Olei gossypii seminis, ʒviij.

M. S.—At one injection.

This produced a copious action. In the evening, after another free evacuation, he complained of abdominal pain. Relieved by opium pills.

The sutures were removed on the 5th day. Union was well consolidated on the seventh. During the healing the temperature only once reached 100° and the pulse was rarely more frequent than 90 per minute. He was discharged December 20, 1886, a truss having been adjusted.

Feb. 8, 1887, I saw patient to-day at his house. He was in bed, suffering of debility and pain across the abdomen. He tells me now that he has suffered for some years, from time to time, of bowel trouble and abdominal pain, which has laid him up in bed for long periods. He had been only about two months up from a long confinement to bed for the same trouble, when the operation was performed in November. He seems little disposed to "make an effort." Careful examination of the site of operation reveals only a linear cicatrix; when he stands and coughs the impulse against the abdominal wall is observed, but the bowel does not pass beyond the pubic crest. The tissues forming the old neck of the sac seem thoroughly welded together. The operation evidently has nothing to do with his present trouble. The result is regarded as a radical cure and he is advised to discard his truss.

THE BAR AT THE NECK OF THE BLADDER.

Report of a case by H. R. CARTER, M. D., U. S. M. H. S., New Orleans.

The condition which furnishes the subject of this paper is, in my experience, rare, and although my clientele seems to be peculiarly obnoxious to disorders of the genito-urinary apparatus, only two unequivocal cases have fallen under my notice. I believe the condition is more common than this statement would lead one to think, but the diagnosis is at times difficult. One of the above mentioned cases I will relate.

Frederick J., Germany, 36 years, entered hospital at San Francisco, Cal., Feb. 12, 1885. The man is much emaciated, face haggard and expressive of suffering. His history shows that he has had a stricture about five years, which had given considerable, though somewhat intermittent, trouble. During this time he has had three gonorrhœas, with gonorrhœal cystitis each time. Caught a fourth gonorrhœa just before he left Bremen, which stopped his water on the seventh day out. Had been four and a half months on the passage and suffered a great deal with his water, but has been much worse the last four weeks and unable to work.

Tries to make water every five or ten minutes; makes a little and then strains very hard; sometimes makes none.

Examination showed a stricture, admitting No. 7, about one inch from the meatus. This was cut to No. 32 F., the full size for his urethra, and a sound of that size passed to the Δ ligament. To my surprise the operation was followed by but slight improvement, and although I could pass a full sized sound into the bladder with but little difficulty, still he could not make his water, the effort to do so producing intense pain and straining, and but little or no urine being passed. The urine was drawn regularly by catheter for three days and suppositories of morphia and atropia given. He now volunteers the statement that he can pass water a little if he does not try hard, but not at all if he strains, and that the water comes pretty fairly at stool.

An examination *per rectum* showed a normal, not specially sensitive prostate, bladder somewhat sensitive, but not markedly so. Nothing could be discovered by the sound. Suspecting polypus, I opened the prostatic urethra—the “button hole” operation of Thompson—and explored the bladder, every part of which was well within reach of my finger; but no polypus, nor stone, nor anything else could be found. On withdrawing my finger, the patient being pretty well from under the anæsthetic, I felt a distinct cord-like tissue on the floor of the bladder at the vesical end of the prostatic urethra, which contracted up against my finger. Although there was some fluid in the bladder, only a few drops followed the withdrawal of my finger. He strained violently, producing prolapse of the rectum, but not a drop of urine showed at the wound. Recognizing the condition, I re-introduced my finger, isolated the fold of tissue before mentioned and cut it down to the floor of the bladder. The withdrawal of the finger was followed by the usual gush of urine.

The patient had no further trouble, the perineal wound healed as usual and he made water normally *per urethram*, except that he made it at shorter intervals than previously.

Discharged fourteen days after the operation, perfectly well as to his waterworks, though weak.

The pathology of this case was, I believe, as follows; the stricture near the meatus, the many gonorrhœas and sequelæ had led to much exercise on the part of the muscles of the bladder in micturition, and this without any obstruction so great as to lead to their paralysis and produce distention of that viscus. This had naturally led to their hypertrophy as in columniform bladder. Now the hypertrophied muscles running from about the mouths of the ureters across to the vesical neck, continuous with the muscles surrounding the urethra, would, when in action, as in straining to empty the bladder, stand up as a ridge, or "bar," occluding the orifice of the urethra. This will explain the clinical history, and I can conceive of no other explanation. It was not organic stricture. I could pass a full sized sound. It was not the spasmodically contracted urethra of Dolbeau, for after my finger had been in the bladder no water followed its withdrawal, nor could be made to follow it even by violent straining.

Having access at present to very few books, I will simply state that I do not think that this condition is noticed, or noticed but slightly, by American surgeons, although I remember a mention of the subject by the elder Gross in a lecture in the old *Medical News and Abstract* (about 1877). There are about eight lines in Van Buren & Keys and Henn. Civiale gives a detailed account of this, comparing it with other obstructions to the passage of water in his *Traité Pratique*. Mercier however has developed the subject more than any writer with whom I am acquainted. He gives the process of formation of the said "barrier"—the same that I have given—and is elaborate in the description of his treatment. He divides the bar by specially devised instruments, operating by the urethra and indeed has operated on several cases, six or seven I think, whose histories he gives in detail, with excellent result.

Sir Henry Thompson quotes Guthrie as the first surgeon to describe this condition accurately (Mercier also quotes him), who based his views on the sure foundation of anatomical preparations. He advised, but did not attempt its relief by perineal section. In my judgment the latter method is so simple, safe, efficacious and easy, and adds so much to the certainty of diagnosis that I can see no reason for even considering any other. Again if the operation be undertaken with a mistaken diagnosis, which is abundantly possible, perineal section is the very operation for the relief of the various conditions which may have been mistaken for it, vesical polypus, the membranous bar in certain cases of enlarged prostate, a pedunculated 3d lobe of the prostate, Dolbeau's "tonic spasm of urethra," or even a calculus not discovered by sounding.

CORRESPONDENCE.

PARIS LETTER.

(Our Special Correspondent.)

Bazy on the Restrictions of Lithotrity to Particular Cases in the Treatment of Vesical Calculus.—Hydrobromate of Cocaine.—Cerné on Mammary Lymphangitis.—Dubousquet Laborderie on Skin Grafting.—Dr. De-reux on Accidents Consecutive to Operations Practised in Cases of Menstrual Retention.

BAZY ON THE RESTRICTION OF LITHOTRITY TO PARTICULAR CASES IN THE TREATMENT OF VESICAL CALCULUS.—With few exceptions, when death occurs in modern lithotrity, unless from some fault in the operation, it is due to nephritis. In such cases nephritis is certainly the result of an extension of the inflammation from the bladder to the kidney. Bigelow was the first to show that cystitis was generally caused by the presence in the bladder of frag-

ments of calculus that are hard, pointed, and excessively apt to irritate ; and, acting on this theory, he caused their total evacuation in one operation ; whence the name litholapaxy, which he gave to this method. Litholapaxy completed in one operation, places the bladder in the same condition, with the exception of the vesical traumatism, as the treatment by lithotomy. Thus, when a case of vesical calculus is presented for operation, the state of the kidneys need not be taken into account in deciding whether lithotrity or lithotomy should be performed. Lithotrity is, doubtless, the choice operation in this affection ; lithotomy, when necessity requires it. The limits restricting the application of lithotrity, since the state of the kidneys is not important, are marked by indications of both a mechanical and a physical order.

1. Mechanical ; the volume and solidity of the stone. The stone may be too hard to be attacked by the instruments, or too voluminous to be seized and crushed at one sitting. But these limits of volume and hardness vary with the force of the instruments and with the cleverness of the surgeon in operating rapidly.

2. Physiological ; that is to say, the state and toleration of the bladder. A healthy bladder does not react on contact with instruments, whereas an unhealthy one, in a state of chronic inflammation, reacts with great facility. But the toleration of the bladder will also vary with the cleverness of the operator. The restriction of the application of lithotrity is, therefore, contingent, though based on the volume and hardness of the stone, on the state of the bladder, and not on the state of the kidneys as argued by standard authors. This is why the author does not admit a fixed rule for weight, (60 grammes, or 926 grains), as recommended by a well-known foreign surgeon, and five centimetres diameter, as laid down by another. In support of this view, the author cites a case on which he operated on the 21st of last August. The patient, a man, aged 46, had presented symptoms of calculus for six years. The calculus weighed over 100 grammes, (1543 grains), and

measured in one of its diameters over six centimeters, (2.3 English inches). This is the most voluminous stone ever extracted by lithotripsy, its volume being equivalent to a hen's egg. It was operated on at one sitting, which lasted $1\frac{1}{4}$ hours between the first administration of chloroform and the moment when the patient was replaced in bed. The subsequent events were very simple; on the fourth day after the operation, the patient was able to get up, on the eighth day he took a walk, and two days later he left for his native country. Evidently the best conducted high or hypogastric operation would not have given better or more prompt results.

HYDROBROMATE OF COCAINE.—Cocaine had already become too well known before reaching our laboratories, to conquer immediately that place in therapeutics which its virtues entitled it to occupy. Coming as it did, preceded by a great reputation, it immediately gave rise to suspicion, and for a long time its properties were denied against all evidence. Recent experiments have succeeded in disengaging cocaine from the sort of legend surrounding it, and have secured its brilliant entry into therapeutics. In fact, there is scarcely a doctor to day, who does not draw upon its properties in one or another of its combinations. Oculists, laryngologists and surgeons, all make daily use of cocaine and of its salts. Two of the salts of cocaine, the hydrochlorate and the hydrobromate, seem especially destined to render real service to therapeutics. Cocaine is endowed with very remarkable anæsthetic and analgetic properties, especially when applied to the mucous membranes, and this constitutes its principal physiological character. Its contact determines insensibility in most of the soft tissues. The mucous membranes of the eye as well as those of the organs of digestion and respiration are anæsthetized by contact with cocaine; but the feeble solubility of the alkaloid causes its hydrochlorate to be preferred, and until recently, this was about the only salt of cocaine employed. The hydrobromate of cocaine now comes to take the place of the hydrochlorate in those

cases where the latter has been found to be insufficient. This salt when chemically pure, is white, amorphous, without smell, very soluble in water, and possesses an agreeable taste. With the exception of those cases where it may be employed like cocaine, the hydrobromate gives better results in nervous derangement depending on a state of atony and debility, and in cases of irritation of the spinal cord. But, where its use is still more appropriate, is in gastralgie dyspepsia and in long standing neuralgia. It will be employed successfully in hysteria, epilepsy, painful pharyngitis both chronic and acute, spasms of the œsophagus, and in tonsilitis. Although in such cases, cocaine produces appreciable modifications, it has always been found incomplete in its results as an antispasmodic. The hydrobromate is more complete, and is, therefore, a superior agent, sedative on account of its bromine, and calming through its base. It will, doubtless, be a precious remedy in sea-sickness, and against vomiting in pregnancy.

CERNE ON MAMMARY LYMPHANGITIS DURING LACTATION.

—In the *Normandie Médicale* Dr. Cerné publishes the following note on mammary lymphangitis during lactation. Among the numerous hypotheses concerning the pathogeny of abscesses of the breast, that of Nelaton (inflammation of the lymphatics) seems every day to gain ground. The rapid extension of the malady, the mobility of the suppuration, the existence of febrile symptoms following the ulcerations, the soreness of the nipple; all these militate in favor of this theory. To this it has been objected, however, that contrary to what is observed in lymphangitis, the glands in the axilla remain often unaffected, and that the inflammation spreads in an inverse direction to the flow of the lymph, which is altogether contrary to the usual development of the malady. These are precisely the arguments which the author sets himself about to refute. In the first place, cases in which the glands are not affected are *very rare*. This is also true of all cases of lymphangitis which do not extend to the principal trunks. As regards the second objection, it is certain, says the author, that lym-

phangitis in the smaller vessels *very often* extends to the trunks and to the glands; but the cases in which the inflammation extends directly to the trunks, without invading the smaller vessels surrounding the point of departure, are *extremely rare*. This may be seen, as may likewise that of suppurative adenitis, almost without having observed lymphangitis either in the smaller vessels or in the trunks, and it is commonly seen that the redness of the lymphangitis extends to a greater or less distance from the point of departure in a direction which cannot be determined beforehand. If ascending lymphangitis is the more frequent, descending lymphangitis is not at all exceptional. And this mode of extension will readily be conceived to be easy in the breast in a state of lactation, when it is admitted, which to the author does not appear doubtful, that the intense congestion which then takes place in the organ, favors the inflammation. M. Cerné concludes, after numerous observations in support of his opinion, that all abscesses of the breast during lactation (and, perhaps, also in other states) are due to lymphangitis, with the exception, of course, of those arising from traumatism, or from a general febrile malady, during which a simple retention might pass into a state of inflammation.

DUBOUSQUET LABORDERIE ON SKIN GRAFTING.—At a recent meeting of the Biological Society, Dr. Dubousquet Laborderie made the following interesting communication concerning skin grafts from a frog on a budding wound after a severe burn. The patient, a foundryman, aged 20, was burned in two places on the foot, from molten iron falling on it, on the 12th of May, 1886. One of the wounds beginning at the root of the third toe and extending over the back of the foot, measured 9 cm. in length by 4 in width; the other, beginning at the root of the big toe and extending along the sole of the foot, measured 11½ cm. in length by 6 in width. Up to the 20th of June, the wounds, which at this date were covered with healthy buds, had shown no signs of cicatrization. In order to compare effects, M. Dubousquet Laborderie placed four human

grafts, taken from the patient, on the upper wound, and four frog skin grafts as large as a thumbnail on the lower wound. On removing the dressing twenty-four hours after, it was found that one human graft and one frog skin graft had fallen; all the others were adherent.

For several days the frog skin grafts retained their color; but on the 30th of June none of the pigment remained, and they resembled in every respect the human grafts. On the 10th of July, the larger wound was about one-quarter healed. From this date, cicatrization set in rapidly, so that on the 20th of July, the wound was entirely covered.

The cicatrix obtained was soft, elastic and colorless, and the patient after a few days, was able to resume his work without the least inconvenience. M. Dubousquet Laborderie attributes his success to the numerous antiseptic precautions taken; washing the wound with strong phenicated solutions, clearing away the frog pelliculæ, the Lister dressing and slight compression with cotton wool. The author cites a very interesting fact connected with this case. The human graft, which was found to have fallen on the first dressing, left behind it a slight ash-colored spot which developed into an isle with prolongations like the other grafts.

Dr. Dereux has published an excellent work upon accidents consecutive to operations practised in cases of menstrual retention. In terminating, Mr. Dereux states that the menses, unable to pass, accumulate in the genital passages, and distend them. Dilatation acts, according to the seat of the atresia, on the vagina or uterus, or on both these organs, or upon the Fallopian tubes.

ATLANTA LETTER.

(Our Special Correspondent).

"Come go and see it," said a friend, "Dr. Willis is going to cut off a young lady's head to cure her of septicæmia." This seemed paradoxical, but we directed our steps to the

Atlanta Med. Col. to visit the surgical clinic. The Doctor did not take off a head, but we saw a case of "*fœtus in fœtu*" in a boy 14 years of age, which gave rise to the above remark. The tumor was situated upon the posterior aspect of the pelvis. The head, from which fine golden hair was growing, was located a little above and behind the coccyx (or where it should have been, for there was no coccyx) with the body directed upwards and to the left side of the boy. It was about nine or ten inches long and three and a half or four across. There had been a profuse discharge of pus and occasionally pieces of bone from the tumor until the boy was in a state of lowered vitality from blood-poisoning. Dr. Westmoreland could detect no sacrum as high as his fingers could reach in the rectum and thought therefore that it might have been destroyed by suppuration. The operation was a dissection which proved quite a triumph for the Doctor, the mass extending down to the boys rectum. There will be no dissection of the tumor or fœtus, until a photograph of it can be made. It seemed to have broken down into a lot of pus sacs and cysts. This case has been all over the United States and has been examined by numbers of surgeons, all of whom pronounced it a "*fœtus in fœtu*."

"Surgery has its charms" and we could not leave until we had witnessed an amputation at the shoulder joint for a large sarcoma. The Esmarch's tourniquet and bandage proved a most successful means of controlling the hemorrhage. Some years ago Dr. W. did this operation upon a boy with the Esmarch's tourniquet so successfully, that after the arm fell upon the floor his knife was free from blood. After this we saw the amputation of a penis for epithelioma. The *écraseur* was used. The skin and mucous membrane of the urethra were then stitched together.

We then visited Dr. Calhoun's clinic, and there saw him remove several globes for myxoma of the eye. Two had grown so large that they had burst through the ball and projected from the orbit in masses as large as hen's eggs. The third one was of two weeks duration in a child of

twenty-one months and occupied about three-fourths of the vitreous chamber. The disease in the last case had not extended back to the optic nerve, but had done so in the other. The doctor has had a great many operations for cataract and is justly proud of his high percentage of success.

On our way from here we stopped by invitation at Doctors Taliaferro and Noble's private infirmary, to see Dr. T. operate upon a utero-vesico-vaginal fistula. The entire base of the bladder was destroyed, and the uterus lacerated through the anterior lip up to the internal os, with considerable loss of the tissue of the anterior wall of the cervix. It was thought best to make two operations of it, so Dr. T. first made a new neck and os to the uterus, thus converting the rent into a simple vesico-vaginal fistula, which he afterwards closed successfully. Dr. Noble has a similar case except there is no loss of uterine tissue, but more and worse damage done to the bladder. He has closed one angle of the fistula in the axis of the vagina and will shortly complete the operation by bringing the opening together transversely, making, as it were, a T where the parts come together.

Some time ago I stopped in the office of a friend, and there came in a very tall, well-built, intelligent *looking* man, whose wife had just been confined. He said, rather hurriedly, to my friend: "Oh, doctor, I want to see you!" "Well, what is it? This gentleman is a doctor, so you need not be afraid." "Well, I just wanted to know, doctor, if it would hurt the baby if I ate *turnip greens*." "Yes, yes, of course it will," the doctor replied, "if *you* suckle it." At the time this was very much enjoyed, the poor man's expression giving impetus to the laughter.

The following clipping from a paper of your city illustrates the greed with which reporters and correspondents of the secular press seize upon the slightest pretext to write a sensational article for their papers:

Horrible Revelation Made in an Atlanta Medical College.—A dispatch from Atlanta, Ga., December 21,

says: Yesterday John Hardeman, a well-to-do colored man of Cobb County, came to this city in search of the body of his son, Charles, which had been stolen from the Smyrna graveyard the day before. He was given police escort to examine the vats of the three medical colleges here. He was successful in his search, but a greater sensation lay behind. There were found in one college seven bodies, in another four, and in another the half of one body.

Of the twelve thus exposed to the officer's view there were only two whom he did not know in life. One body was that of a married lady, who was buried within the past month with great pomp. Another was that of a person whom the officer had seen in perfect health but a week before, and of whose death he had not heard. Several were of persons generally known in the city. All this goes to prove that grave robbery goes on right here where least expected. An effort is being made to keep the disclosures secret, as a general knowledge of them would arouse popular indignation and lead to serious consequences.

This has been denied and corrected by the officer making the search and by the papers of the city. The search was unsuccessful. They saw the remains of no such persons as above described, for the dissecting material of this city has been confined to the paupers entirely. The Atlanta Medical College has sustained heavy fines upon two occasions for body-snatching, but has at last perfected an arrangement which will give "it abundant material and relieve it of grave-robbing." It is hoped that after the coming session of our legislature, none of the colleges in this State will be embarrassed for the want of dissecting material. The bill that is now before the General Assembly is not all that is desired, but it is the best that we can do for the present.

The following is an abstract of the main provisions of this Act:

The professors and demonstrators of anatomy and the deans of all medical and dental institutions are constituted a Board, whose duties are to distribute and deliver bodies to all persons entitled to them.

All public officers of the State, including those of public hospitals, prisons, etc., are required to deliver to the Board all bodies of such persons as are unknown or would have to be buried at public expense, provided no relative, or person specially interested in the deceased, claims the body, when it shall be handed over to such relative or friend, or buried at the expense of the State, if this party requests it and is financially unable properly to inter the body.

Before the Board is notified, or a body delivered to it, a notice of the death of the deceased must be posted for 24 hours at the courthouse door of the county where the death occurred.

No body of a stranger or traveller dying suddenly in the State shall be so delivered, but buried at public expense.

Bodies are to be divided in proportion to the number of *bona fide* students.

After a body has been received *it must be embalmed and kept untouched by the knife for a period of sixty days, during which time any relative or person otherwise interested may claim it and have it delivered to him properly prepared for burial.* After this length of time, sixty days, the body, if not before claimed, may be used for dissection, and after use must be properly interred.

For the faithful carrying out of these provisions a bond of \$5000 is required from each college.

It is made a felony, punishable by imprisonment for from one to ten years in the penitentiary, for any one to sell or buy such bodies, or to convey them out of the State for the purpose of selling. Robbing a grave, or receiving a body known to have been so disinterred is made liable to the same penalty.

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LEADING ARTICLES.

THE POISONOUS EFFECTS OF ARSENICAL WALL-PAPERS.

For about two years, the physicians of Massachussets, and more especially of Boston, have been much exercised over the discovery that certain ill defined attacks of illness could be traced directly to the poisonous effects of arsenic emanating from wall papers dyed with pigments containing large quantities of this drug. An effort was made to induce the legislature at the last session to pass a bill prohibiting the sale of wall-paper containing more than a trace of arsenic to the square yard, but like so many measures of this class, probably the very wisest that legislators are ever called upon to enact, it failed.

Recently, interest in the matter has been revived by a paper read by Dr. James R. Chadwick before the Section for Clinical Medicine, Pathology and Hygiene of the Suffolk District Medical Society, on the 12th of January last. In this paper Dr. Chadwick reported the cases of two girls, members of his family, who, having before enjoyed excellent health, began during the winter of 1885-86 to suffer from dyspepsia, colicky pains, palpitation of the heart and loss of colour and strength. Treatment availed little, but a summer's absence from home effected a cure. Within a month of the children's return home, however, the old symptoms recurred and by December were worse than ever. Analysis of the paper covering the walls of the nursery in which the children spent the greater portion of

their time revealed arsenic in large amount. The paper was removed, non-arsenical substituted, and the sick children got well.

The reading of Dr. Chadwick's paper was followed by a notable discussion, shared in by many physicians of mark, by several professors in Harvard University, by a number of distinguished chemists, and a large retail dealer in wall-papers.* During the discussion eleven cases, occurring in the families of the speakers, were reported.

The symptoms were various, being weakness and anæmia associated in the different cases with colicky pains, diarrhœa, a severe form of eczema, an obscure form of ocular disease, insomnia, palpitations, palpebral inflammation, sore throat, conjunctivitis, coryza, and an urgent and frequent desire to urinate, with burning at the neck of the bladder.

But if the symptoms were various, the evidence pointing to arsenic as their cause was singularly strong and harmonious. In all of the cases the sanitary arrangements first came under suspicion, and the drainage, sewerage, &c., of the houses were carefully but vainly overhauled, the physicians being driven to an examination of the wall-papers by a process of exclusion. In every case the analysis of the paper of the suspected room showed arsenic present in large quantities; as much as 4.97 grains to the square yard in one instance. In every case removal from the poisoned chamber or house gave temporary relief from the symptoms and return to it a recurrence of them; while removal of the arsenical paper and the substitution of a non-arsenical one was followed by permanent cure. When we consider further that these cases occurred in the families of highly intelligent men, professors in Harvard and physicians of repute; that medical treatment was employed without avail; that many similar and confirmatory cases were reported from the experience of these and other speakers, and finally that arsenic was found in the urine of

* For Dr. Chadwick's paper, a full report of the discussion, and an able editorial on this subject, see the *Boston Medical and Surgical Journal*, February 10, 1887.

one of the above mentioned eleven cases, which arsenic, together with the other symptoms, disappeared after the arsenic-loaded paper had been removed, we see that there is no escape from the conclusion that the symptoms enumerated were due to arsenic, arsenic contained in the papers upon the walls of certain rooms, unless facts and phenomena have been misunderstood and mal-interpreted.

Other points of interest drawn forth by the debate are: that traces of arsenic are found in all, or almost all, papers, owing to the omnipresence of minute quantities of the substance in the various metallic pigments used in paper making; that where the quantity exceeds a trace it is large, no mean being found between these extremes. Professor Wood, the chemist, said that in testing papers the organic matter should be destroyed by adding a little sulphuric acid and heating until the paper is thoroughly charred, the mass exhausted with water, the liquid filtered, and the reactions sought from the filtrate. A square decimeter of the paper will give a mirror of arsenic in a tube. Neglect of these steps has given rise to failure to find existing arsenic.

Able expert testimony showed that within the decade the use in this art of arsenic-bearing pigments has greatly diminished, and especially since the presentation of the matter before the Massachusetts legislature; a fact of cheering import to all engaged in the redress of similar evils.

In the light of these later revelations the suggestion made a while ago by some one of our exchanges, that the purposive employment of these arsenical papers might prove of real value to the inhabitants of malarial regions, seems worthy of serious consideration. Let us hope that the men who have so ably agitated this question will not allow it to rest here, but will continue their well-begun labours until we are presented with a mass of evidence demonstrative of one or the other conclusion; for it is by just such far-ranging and minute investigations into the cause of disease, not by germ hunting alone, that our speech and writings shall be freed from the terms—ignorance-covering, confessing—

“malarial influence,” “bad hygienic surroundings,” “micrococcus,” (Blindfuhler’s, of blepharitis), “bacillus” (Kurzseher’s, of sore throat), and our noble art delivered at last from its old time reproach, grow into a mighty science, wide-branching, many-leaved, protecting, loaded with precious fruit.

ETHER VS. CHLOROFORM.

The recent discussion in the *Medical News* between Drs. John H. Packard and J. C. Reeves brings afresh before us the question of the safety of ether as an anæsthetic compared with chloroform. We had thought this question settled long ago in favor of ether, but when we see men of great experience, like Dr. J. M. Farrington (*New York Medical Journal*, Jan. 22d, 1887), still holding out in favor of chloroform, we think it our duty to express our opinion, based though it be on a limited experience, which, however, has been fruitful in its teaching.

In the short space of five years we have seen or known in the practice of our immediate friends, five cases of sudden death under chloroform in what appeared to be fairly healthy individuals. In all but one of these cases, the chloroform was administered by men of considerable experience in the use of anæsthetics, especially chloroform; the fifth case occurred in the hands of one of the resident students of the Charity Hospital, whilst operating for hæmorrhoids. Though in all cases the respiration and pulse had been closely watched from the first and only a small amount of the drug well mixed with air had been administered, death was in all so sudden, by cessation of the action of the heart, that all revivifying means proved fruitless. *Post Mortem* examination was made in only one case, and this revealed a small gummatous tumor in the brain and the beginning of cirrhosis of the kidneys, which condition had, however, given rise to no symptom during life; as stated above no grave organic disease had been suspected in any of the cases. Three of these, including the autopsied case, had taken chloroform within a year before the fatal

administration. All were being operated on for trivial ailments, two for hæmorrhoids and two for the removal of dead bone. Of these cases two have been published in the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, the other three have so far remained unrecorded.

Our experience with ether has been more limited, being confined to those cases in which on account of some organic disease we have preferred to use ether as an anæsthetic; in all these cases and in the experience of a number of our friends who have used ether frequently, not a single symptom has ever arisen during the administration to cause a minute's alarm to the surgeon. The only difficulty encountered, not by us, has been an occasional case in which it has been almost impossible to put the patient under the anæsthetic. Basing ourselves on the above we have no hesitancy in proclaiming ether by far the safer of the two agents and in recommending its habitual use for general surgery, giving preference to chloroform, however, in obstetrical practice, in cases of severe bronchitis, in abdominal surgery and when it is of paramount importance that vomiting should not occur.

THE WEIR TEST IN RUPTURE OF THE BLADDER.*

In the recent article on the rupture of the bladder by Sir William MacCormac, in the *Lancet*, he lays great stress upon the importance of an early operation. However strongly the usual presentation of symptoms may point towards rupture of the bladder and, therefore, call for exploration, still in some instances "most of the symptoms usually ascribed to the presence of an intra-peritoneal rupture of the bladder may at first, and for some time, be entirely absent and none of severity appear for several days." For such cases, "*the only manner in which an uncertain diagnosis can be made certain is by practising an exploratory laparotomy with greater frequency.*" "*The operation * * * * is surely better than a hesitating, halting practice in expectation of improvement, which*

*See Practical Hint No. 3.

usually never takes place.” He, therefore, strongly urges “earlier interference and bolder practice.” The italics are ours, intended to make emphatic the statements of so distinguished an authority as Sir William MacCormac. Were there no means of determining the matter, surely no one would in these brilliant days of peritoneal surgery make objections to such, in that case, sound surgical advice; but any one after reading the article of Dr. R. F. Weir, in the *Medical Record*, of January 22, must admit there is a safer way and one almost as certain as exploratory laparotomy. No matter how much the peritoneal mortality may be reduced by the admirable work of Tait and others, we must ever regard the opening of the peritoneal sac as fraught with danger and not to be done except as the lesser of two evils; we are *not* yet justified in “opening the sacred sac very much as we open our pockets.” Such advice leads to precipitate and ill-advised surgery and calamities will occasionally befall the hapless operator who has none of the ancient fear of the peritoneum. Prudence is often the better part of valor.

We would call the attention of our readers to the article of Dr. Weir. In Dr. Weir’s case there were some grounds for believing that the bladder had been ruptured and only two procedures seemed possible, exploratory laparotomy or digital exploration through a perineal incision. As regards the latter, there is the objection that it might not be followed by discovery of the rupture. Sir Wm. MacCormac refers to the case of Mr. Brown, in which a perineal cystotomy was made to examine for suspected rupture. “The rupture, although sufficiently large to admit the end of the middle finger, was not discovered by the finger passed into the bladder.” “The patient did not rally from the operation and shortly after died.”

In Weir’s case the application of the test saved the man from an heroic operation and he recovered.

In Brown’s case the test would have discovered the rupture and the operation of Sir Wm. MacCormac might have saved him. Even if Mr. Brown had with his finger dis-

covered the rupture, he would either have had to make an abdominal section or, without that, to depend upon simple perineal drainage. In either case, the chances would have been small. Weir's test properly applied can do no harm and gives the surgeon hard ground to stand on, whether he decides not to operate or to do so at once, as the test may indicate.

A NEW RADICAL OPERATION FOR HEMORRHOIDS.

Dr. Lange recently read before the New York Surgical Society a paper on this subject, an abstract of which is published in the *Medical News* of Feb. 12, 1887.

The operation consists in complete excision of the hemorrhoids, the particular technique recommended by Dr. Lange being directed to the prevention of hemorrhage. An incision is made along the margin of the anus, the mucous membrane is dissected up above the external sphincter as far as necessary, the hemorrhoid exposed and sutures passed from skin to mucous membrane before excision. As much of the mucous membrane as necessary is cut away and the edge united with the skin, the wound in Dr. Lange's experience healing quickly as an ordinary incised wound.

The operation, however, is not new as stated in the *News*. An interesting article on this subject will be found in the *Lancet*, August, 1885, p. 106. Therein it is stated, that the operation is no new procedure, Lizars in his "System of Practical Surgery," published in 1839, describing the operation, which he "Dupuytren, Lisfranc and others" preferred to other methods then in use. It is admitted, in the article however that excision had "subsequently so far fallen into disuse that it is now practically ignored by most surgical writers," or is simply referred to "as opposed to the recognized rules of surgery." Credit is given Mr. Whitehead for reintroducing the operation "as conforming in its principle to the best of surgery" and in practice giving the best results. The method of Whitehead differs from that of Lange in this respect only, that

Whitehead incises the mucous membrane above the hæmorrhoidal mass only a quarter of the circumference at a time, suturing the membrane to the corresponding point of skin before continuing the cut, while Lange, if we understand aright the description in the *News*, dissects up the mucous membrane so as to expose the mass and introduces his sutures before excising. This would seem to us an important point, since the greatest difficulty in the operation is thereby obviated, namely the difficulty of putting in sutures across a profusely bleeding surface as would be the case *after* excision. The sutures being in, the mass can be quickly excised and the bleeding controlled by drawing the skin and mucous membrane together and tying the sutures.

The operation seems to us in principle entirely surgical, because it involves a simple incised wound, which often will heal by the first intention. The experience of those who have followed the method, is that the dangers of hæmorrhage and subsequent stricture, not infrequent in the old operation by excision, are very slight and the cure much more complete than by the ligature or the clamp. The objections are, not that the hæmorrhage cannot be controlled, but that the hæmorrhage is sufficient to prolong greatly the operation as compared with the other plans. The operator's patience and perseverance, however, are fully paid for by the rapid and satisfactory cure of the case.

ABSTRACTS, EXTRACTS AND ANNOTATIONS

MEDICINE.

GASEOUS ENEMATA.

Quite a number of French physicians have lately been using gaseous enemata in pulmonary affections. At first they were employed in phthisis only, but latterly they have given excellent results in various other affections of the lungs. Bergeon in cases of an acute character as pneumonia, phthisis, galloping consumption, etc., found it to so

rapidly lower the temperature, slow the pulse and check cough, expectoration and night-sweats, as to render the patient convalescent in fifteen to twenty days. Sulphurous mineral water was used at first, but since then the inventor, Bergeon, and others have used carbon dioxide, sulphurous acid gas, and carbonic acid charged with other vapors. Cornil generates carbonic acid gas in a strong flask by the action of dilute sulphuric acid on bicarbonate of soda. It is then stored up and can be passed through medicated waters, such as sulphurous or others, and then by tubes introduced into the bowel. In one case, where hemorrhoids and anal fissure existed, it produced so much colicky and other pain as to necessitate its discontinuance. De la Roche has used essence of eucalyptus in some cases in place of sulphurous water, and he thinks that by varying the agent used in conjunction with the carbonic acid, the treatment may be applicable to many forms of nervous and other affections. He states, in conclusion, that these procedures are not warranted in cases where both lungs are affected. The results of the experiments of these gentlemen are truly surprising, and it is to be hoped that they will be able soon to formulate definite rules for the carrying out of their discoveries.—*Medical Analectic*.

TERPINA AND TERPINOL.

Dr. Emilio Morra, after numerous and careful experiments, draws the following conclusions in regard to terpene (terpina) and terpinol. Of terpene he says: 1st, it is innocuous in quantities amounting to fifty or sixty grains in twenty-four hours; 2d, it has no action worthy of notice upon the temperature, the pulse or respiration; 3d, it is sometimes a modifier of the bronchial mucous membrane, reducing the amount of the expectoration; 4th, it modifies the character of the expectoration which it renders more fluid, thus facilitating the discharge of the mucous; 5th, in broncho-alveolitis (broncho-pneumonia) in young people, it diminishes the amount of the sputum, makes it more fluid and facilitates expectoration; 6th, in phthisis and chronic bronchitis it has no lasting effect upon the quantity of the expectoration, but only modifies its quality; 7th, in hæmoptysis it seems to act as a hæmostatic; 8th, it is not, strictly speaking, a diuretic, but it is a modifier of the epithelia of the urinary tract; 9th, as a result of the prolonged use of terpine, the acidity of the urine diminishes and it becomes neutral; 10th, it can be

recommended in vesical catarrh; 11th, doses of from 40 to 50 centigrammes are innocuous in Bright's disease but the amount of albumen lost does not diminish; 12th, terpene may be given in powder wrapped up in wafers, or it may be given in aqueous solution. There are as yet no observations upon the absorption of terpene by way of the rectum.

In regard to terpinol, Dr. Morra says: 1st, terpinol is innocuous even in large doses, from two to seven grammes in twenty-four hours being easily supported; 2d, it has no action upon the temperature, pulse or respiration; 3d, the urine is not notably altered, sometimes the phosphates are increased; 4th, the odor of terpinol is not noticed in the urine; 5th, terpinol is chiefly eliminated by way of the lungs; 6th, it is useful in affections of the respiratory tract; (a) because it lessens the catarrh and when this does not take place it always facilitates expectoration; (b) because in cases of fetid expectoration it takes away the fetid odor which is replaced by the odor of terpinol; 7th, terpinol is best administered in gelatine capsules, each containing 25 to 50 centigrammes.—*Gazetta Medica di Torino*.

DURATION OF INFECTIOUSNESS OF ERUPTIVE FEVERS.

F. Pearse in the *British Medical Journal* fixes the duration of infectiousness of the principal contagious fevers as follows: Measles, from the second day for three weeks; Scarlet fever, from the fourth day for six or seven weeks; Small pox, from the first day, under one month, probably three weeks; Mumps, under three weeks; Diphtheria, under three weeks.

NEPHRORRHAPHY AND NEPHRECTOMY.

In the *Medical News* for February 5th, Prof. D. Hayes Agnew reports two cases of nephrectomy for floating kidney. One died. The kidney in the first case, became suddenly detached from its normal position, while the patient, a man, was in the act of lifting a heavy piece of furniture. After a trial of various procedures for fixing the organ, without success, nephrorrhaphy was performed and the kidney stitched in position by means of animal sutures through the capsule. The result was good and the man was not seen from October until the first of the following April, when he returned with the kidney again afloat. Nephrectomy was then performed with entire relief as the result.

The next case was a woman who gave no reason for her condition—floating left kidney. Some doubt existed as to

whether the tumor felt was the kidney or enlarged ovary, so laparotomy was performed. The kidney was found and removed. The result seemed good and recovery certain. The operation was performed November 20th. On December 7th, while sitting up in bed, she suddenly felt great pain in her abdomen, but with no distension as in peritonitis. She died soon after in profound coma. It was thought that sudden congestion supervened upon the remaining kidney, which was probably undergoing cystic degeneration, because the one removed contained beautiful examples of pearl cysts.

SOME USEFUL PRESCRIPTIONS.

The following has been going the rounds as a useful cough mixture :

Ry. Johann Hoff's extract malt.....Oj.
 Whisky.....℥vi.
 Glycerine (c. p.).....℥vi.
 Juice of six lemons.....
 Sugar, powdered.....℥ij.

Mix and boil ten minutes. Sig. one or two tablespoonfuls every one, two or three hours.

Huchard, of Paris, recommends the following in phthisis :

Ry. Iodoform.....
 Creasote.....
 Pulv. benzoin.....
 Balsam tolu.....aa gr. i.

M. ft. Pil. No. 1. Sig. one to four pills daily.

Prof. W. B. Atkinson used the following in a debilitated child, with bronchial irritation :

Ry. Tinct. ferri chloridi.....℥iii.
 Sodii bromidi.....℥iii.
 Ext. glycyrrhizæ fl.....℥ii.
 Syrup tolut.....q. s. ad ℥ij.

M. S. teaspoonful every four hours.

SURGERY.

SUDDEN DEATH FROM THE INTRODUCTION OF AN ASPIRATOR NEEDLE.

Dr. J. C. Reeve, of Dayton, Ohio, relates a case which was considered one of abscess of the liver. It was decided to explore with the needle of an aspirator. The point se-

lected for puncture was a little over one inch to the right of the median line, and not quite two inches below the margin of the costal cartilages. There was no bulging at this point, yet it was the seat of more pain and tenderness than elsewhere, and there was dullness on percussion all around. A medium sized needle was thrust in at this point, upwards and backwards, to a depth of about three inches. In a moment, the patient breathed heavily, his head was drawn to the left, his eyes were turned and fixed, and a slight convulsive tremor passed over his features which bore the plainest impress of death. There were no pulse, no heart-movement. After a brief interval, he drew one inspiration, the last act of his life. Not more than a minute and a half could have elapsed between the insertion of the needle and the time of death. No general or local anæsthetic was used.

A partial post-mortem examination was made the next day. The liver was enlarged. The puncture of the liver was plainly visible, surrounded by a small patch of ecchymosis. Upon lifting up the organ to remove it, an abscess of the right lobe gave way upon the under side near the centre, from which eight or ten ounces of pus escaped. The heart seemed to be healthy. The right auricle was extremely distended. The valves were normal. Dr. Reeve says:

“This case is not unique in medical records, yet it is one of deep interest, and especially in regard to the action of anæsthetics. It is useless to speculate upon what might or might not have been done. I cannot, however, abstain from expressing one or two convictions. First, that under full anæsthesia this man would not have died at the time and in the manner that he did. Second, that with partial anæsthesia, his death would have occurred as it did, and gone to swell the list of casualties from anæsthetics. He evidently died from inhibition of the heart’s action, the impulse being transmitted from the puncture. The mode of death was precisely similar to the deaths which have occurred from tooth-drawing under chloroform, when movements of the patient, etc., were proof that the anæsthesia was not profound.”—*Medical News*.

CHOLECYSTOTOMY—CURE.

A woman of about thirty years of age, entered the Princess Hospital, suffering from a biliary obstruction

which had resisted all forms of medicinal treatment. The jaundice, the wasting, the persistent and almost unconquerable tightness around the abdomen, were followed by vomiting and the appearance of a smooth, painful pear-shaped tumour, which occupied the region of the gall-bladder. These symptoms gradually increased in intensity, the tumour grew larger and more painful, especially upon pressure, and in view of these facts, the patient requested that something be done to relieve her from her sufferings.

After prolonged and careful examination, Dr. Rubio decided to perform laparotomy first, and then shape his subsequent course according to the condition of the viscera. He opened the abdomen under antiseptic precautions, and found the peritoneum coating the under surface of the gall-bladder bound down by adhesions. The gall-bladder itself was very much distended, and an incision was made into its smooth and hard wall. Immediately some hydatid cysts escaped, accompanied by decomposed bile and some purulent liquid; the operator introduced a finger into the cavity and squeezed out more hydatids, and still others came out through the drainage-tube inserted into the gall-bladder. The parts were cleansed and disinfected and the gall-bladder was stitched to the abdominal wall leaving a small opening for drainage. Cicatrization was rapid and complete, and no biliary fistula remained, although it is very common in such cases. The day after the operation, a cluster of hydatids was removed from the mouth of the wound. The general and local phenomena were so light that the patient could eat on the fourth day after the operation, and when she left the Hospital, the icteric hue and the feeling of tightness had disappeared, and she felt completely cured.—*El Dictamen*.

TWO CASES OF RUPTURED BLADDER; SUTURE; RAPID RECOVERY.

Sir William MacCormac reports in the *Lancet*, of Dec. 11, 1886, two laparotomies for intraperitoneal rupture of the bladder. In each case the usual median abdominal section was made and the rupture found without great difficulty, involving the upper and posterior surfaces. He did not pare the edges of the rent (as this he thinks unnecessary) but turned them in bladderwards and introduced the Lembert suture. The technique in both operations was admirable. We abstract briefly the important precautions recommended in the paper.

1st. The material of the suture is not so important as the manner of its application, but he thinks carbolyzed silk the most satisfactory.

2nd. The stitches should be interrupted and applied closely, about a quarter of an inch apart, and should include sufficient width of tissue to hold firmly.

3rd. They should be deep, including the peritoneal and muscular coats.

4th. They should *not* include the mucous coat; for urine might work its way along the suture and contaminate the wound, or the mucous edges might be caught in the wound and hinder healing, and the threads themselves might act as foreign bodies in the bladder and become coated with deposits of salts.

5th. The first and the last sutures should be introduced well beyond the extremities of the rent, to insure against escape of urine.

6th. He thinks superficial peritoneal sutures unnecessary, and they *may* give rise to ulceration (as shown by Znamensky), which will interfere with healing.

7th. He is not sure that a rectal tampon to raise the bladder is of advantage, though his experiments on the cadaver would seem to indicate that it is. [Dr. Weir shows, we think, conclusively (see *Med. Record*, Jan. 22), that a Petersen's bag very perceptibly lifts the bladder forward and facilitates not only intra-peritoneal, but also extra-peritoneal, examination and manipulation.]

8th. He favors transverse incision of the parietal peritoneum, since it permits the bladder to be better drawn up out of the wound, and does not interfere otherwise with the success of the operation.

9th. He thinks it better *not* to put any tube into the bladder, but a tube at the lower end of the wound might be advisable.

10th. Finally, he attaches great importance to the thorough washing out of the peritoneal cavity. He uses about two gallons of one per cent. boric solution at ninety-eight degrees, passing it through until it comes out clear.

11th. By cutting down over the bladder first, the rent, if extra-peritoneal, may be sutured without incision of the peritoneum at all.

In either case an antiseptic dressing is applied.

OPHTHALMOLOGY.

THE MEANING OF CHOROIDITIS DISSEMINATA.

In an address on choroiditis disseminata delivered before the British Medical Association, Mr. Jonathan Hutchinson said, that whilst it was to be freely admitted that, in nine cases out of ten, the discovery of the results of choroiditis disseminata amounted to the discovery of antecedent syphilis, the symptom was yet one which must be received with caution, and could be trusted only when supported by other facts.—*Brit. Medical Journal*.

COCAINE IN CATARACT EXTRACTION.

In the *Pacific Medical and Surgical Journal* for January, Dr. A. Barkan gives his experience with cocaine in cataract extraction. The first eye of a series of twenty extractions was lost by purulent iritis and panophthalmitis; the next nineteen cases were perfectly successful. Heretofore Dr. B.'s losses have been greater than one in twenty.

GALEZOWSKI ON COCAINE.

The benzoate of cocaine, or more correctly the benzoated solution of cocaine, is the best preparation. It does not decompose by keeping and microorganisms will not grow in it. A few drops of a 4 or 5 per cent. solution dropped into the eye every five minutes for fifteen or twenty minutes produce the most complete anæsthesia obtainable.—*Recueil d'Ophtalmologie* for November.

PRACTICAL MEDICAL AND SURGICAL HINTS.

NOTE.—It is our intention in this department to publish from month to month various suggestions of practical value collected from the pages of our numerous exchanges and from other available sources. We, therefore, beg our friends and especially the subscribers to our JOURNAL, to assist us in carrying out this undertaking. Only practical hints, briefly expressed, are desired for this department.

1. WHERE daylight is insufficient during operations, *fasten on the forehead* a large *concave* mirror of *eight* or more inches focus; sun-light or artificial light may thus be well directed upon the part desired.—*British Medical Journal*, Jan. 1, 1887, p. 13.

2. To examine the throat at night, or of a patient not able to sit up. A candle and two bright tablespoons;

with the left hand hold the bowl of one spoon behind the flame of the candle and depress the tongue with the handle of the other. It is better to have both spoons bright, for even the handle of the depressing spoon, if bright, will reflect the light up towards the parts to be examined.

3. WHERE rupture of the bladder is suspected, the matter may be definitely settled without laparotomy in the following manner: Introduce first into the rectum a Petersen's rubber bag and distend with water not exceeding eight ounces; next, inject through a soft catheter into the bladder, not exceeding eight ounces of warm antiseptic fluid (1 per cent. carbolic solution), note the upper limit of supra-pubic dullness, withdraw the fluid from bladder and measure; if there is *no rupture* the fluid will measure the same as that injected.—Weir in *Medical Record*, Jan. 22.

4. A SIMPLE WAY TO REDUCE A DISLOCATION OF THE HUMERUS.—Seat the patient and stand by his side; grasp his humerus with the palm of *your* right hand applied above the inner condyle; raise it to a right angle with his trunk; grip the patient's wrist between *your* arm and right side; place the *upper* margin of *your left* palm on the prominent acromion; then make steady traction on his arm to disengage the head of the humerus, at the same time making counter-pressure on the acromion *inwards* and somewhat *downwards*; the head is then lifted into the glenoid cavity by using the patient's arm as a lever of the third kind, the fulcrum being at the *wrist*, firmly fixed to the side of the operator.—Condensed from *British Medical Journal*, Jan. 8, 1887.

5. SIMPLE METHOD OF REDUCING HIP DISLOCATION—DR. ALLEN'S PLAN.—An anæsthetic having been administered to complete muscular relaxation, the surgeon, standing over the recumbent patient, flexes the leg upon the thigh and the thigh to a right angle with the body, brings the patient's foot between his legs, so that the dorsum touches the operator's nates, and, then, passing his right arm beneath the patient's flexed knee, lifts the hips of patient from the bed (or floor) and holds them thus suspended for a short time; the head of the femur will be drawn back into the acetabulum. The weight of the hips and opposite leg rotates the body outwards, producing just sufficient abduction and extension to draw the head of the femur quietly through the slit in the capsular ligament and direct it into the acetabulum. [This simple plan has been

followed in two cases in the Charity Hospital, with *prompt* and *complete* success.] See this JOURNAL, December, 1885, p. 495.

6. TO PLUG THE POSTERIOR NARES.—“Take a piece of twine of sufficient length and fasten to one end of it a pledget of lint or rag, the size of a large pea, or a small globular button with a neck does very well. Then, form a ring about a quarter of an inch in diameter on the small end of a probe or piece of wire, and bend it down. Run the twine through the ring till the pledget or button is close against it. Then, pass the wire or probe along the floor of the nose; tell the patient to hawk and spit out, and at once the pledget, with the twine attached, is ejected” (from the mouth).—Dr. Brydon in *Brit. Med. Journ.*, Jan. 8th, 1887.

7. A SIMPLER METHOD OF CONTROLLING EPISTAXIS.—Before resorting to plugging up the nares, try the plan of firmly grasping the nose with the finger and thumb for ten or fifteen minutes; by thus completely stopping the movement of air through the nose (which displaces freshly-formed clots), you will favor the clotting of the blood and will frequently stop hemorrhage. See this JOURNAL, Feb., 1886, pp. 621 and 654.

8. WOUNDS OF FACE.—The best stitch to use in wounds of the face is horsehair and the best dressing salicylic wool, fastened on with flexible collodion.—*Edinburgh Med. Journ.*, Dec., 1885.

To be continued in next number.

BOOK-NOTICES.

How to Care for the Insane. A Manual for Attendants in Insane Asylums. By William D. Granger, M. D.; First Assistant Physician Buffalo State Asylum for the Insane. New York and London: G. P. Putnam's Sons. pp. 96. Price, 60 cents.

We believe that this is the only work of its kind published, and it is well adapted to meet the wants of those, for whom it is intended. Dr. Granger, the author, has delivered several annual courses to the attendants of the Buffalo Insane Asylum, of which lectures this work is a resumé, essentially practical.

P. E. A.

A Compend of Pharmacy. Quiz-Compend No. 11.
By F. E. Stewart, M. D., Ph. G.; Quiz-Master in
Chemistry and Pharmacy in the Philadelphia College
of Pharmacy, etc. Philadelphia: P. Blakiston Son &
Co. Price, \$1.00.

This is another of the useful series of compends issued by the Quiz-Masters in the Philadelphia schools, and as such, as well as a book for readily refreshing the memory on elementary points, will be found of value to the student of pharmacy.

J. H. B.

Nature and Treatment of the Fevers of Tropical Climates, Embracing Investigations on the Various Forms of Malarial, Yellow, and Typhoid Fevers, Oriental Leprosy and other diseases. By Joseph Jones, M. D., Professor of Chemistry and Clinical Medicine, Medical Department Tulane University of Louisiana; Visiting Physician of Charity Hospital; President of the Board of Health State of Louisiana 1880, 1881, 1882, 1883, 1884, &c.; pp. 1368. Price, \$6.50.

This work forms the second volume of Prof. Jones' Memoirs, the first volume of which was issued a few years ago. Owing to the unusually favorable opportunities enjoyed by the author, the vast experience and his well-known indefatigable energy as a worker in the fields of science, this work is certainly the most complete and thorough treatise of its kind ever published, and must, therefore, become of great benefit to all practitioners in tropical and subtropical regions.

We regret very much that our space is so limited as not to allow of a full review of a work justly deserving; we will therefore be satisfied in pointing out here the chapters and parts which we have found of special interest, and will refer our readers to the book itself for a better appreciation of its merits and value.

The first chapter comprising investigations on endemic, epidemic, infectious, and contagious diseases, especially malaria, is extremely interesting and instructive. The 2nd and 3rd chapters which treat of the physical and chemical characters of the blood and of the changes this fluid undergoes in disease, and also of the comparison of the blood in malarial and other fevers and of microorganisms found in fevers, all well illustrated, show an immense amount of original labor and research. The next portion

of the work, pointing to the differential points between yellow fever and malarial fever clinically and pathologically, is eminently practical; as also the chapter on the treatment of malarial fever, in which is included a description of the various indigenous remedies of our Southern country, which possess febrifuge and antiperiodic properties and may be employed as substitutes for quinine. The chapters referring to albinism, to elephantiasis Græcorum and Arabum deserve to be specially mentioned. We wish to call special attention to the valuable illustrations ornamenting the book.

In closing we cannot but sincerely congratulate the author on the merit of the work and sincerely hope that it will attain that success which is so fully deserves.

P. E. A.

MARRIAGES.

On Wednesday, February 2, 1887, at Brookhaven, Miss., DR. HOWARD OLLIPHANT to Miss JOSEPHINE ENSMINGER, both of New Orleans.

On Tuesday, February 15, 1887, DR. GEO. B. LAWRASON to MARGARET STEWART BRUNS, daughter of the late J. Dickson Bruns, both of New Orleans.

Deaths.

DR. MATT. ALEXANDER, a prominent physician of Knoxville and a member of the Board of Examining Surgeons of the Pension Department, committed suicide on Feb. 1st, by taking morphine. The act is ascribed to the effects of dissipation.

DR. WM. B. GILL, formerly of this city, died at Dallas, Texas, Feb. 12th, 1887, aged 37 years. Dr. Gill was a native of County Tipperary, Ireland, but came to this city very young. A graduate of pharmacy of the medical department of the University of Louisiana (Tulane), he kept a drug store for several years but afterwards studied medicine and graduated from the same institution in 1884. About a year ago he went to Dallas where his abilities and good character won him a large practice and universal respect. About ten days before his death he was stricken with paralysis while attending a patient, and a few days after received a second stroke from the effects of which he died.

DR. THOS. H. CRANE, a well-known physician of Kent County, Md., died at his home in that county on February 8, aged 63 years.

DR. J. FREDERICK M. GEDDINGS died at his residence in Charleston, S. C., February 3, 1887. Dr. Geddings was the son of Dr. Eli Geddings, who was in his time the most prominent physician and surgeon of Charleston, and, indeed, of the State. Dr. J. F. M. Geddings was born in Charleston on the 14th of September, 1829, and received his early education at the classical school of Dr. J. C. Faber. Upon the completion of his school course, and following an inclination which he had felt early in life, he entered the Medical College, from which he was graduated about the year 1850. Almost immediately upon his graduation he went abroad to prosecute his studies and perfect his medical education. With that view he spent several years in Paris and in Berlin, where, under the instruction of the ablest teachers and lecturers, he laid the foundation of that thorough knowledge of his profession which placed him in the very front rank of the physicians of his day.

Shortly before the breaking out of the civil war Dr. Geddings returned to his native city and began the practice of his profession in association with his father, Dr. Eli Geddings. Early in the progress of the war Dr. J. F. M. Geddings was appointed to the charge of the Academy Hospital in Augusta, with the rank of surgeon. Just before the close of the war he served as surgeon on the coast, and upon cessation of hostilities came back to Charleston.

In 1866 he formed a copartnership in the drug business with Dr. A. O. Barbot, but the firm was dissolved in the latter part of that year. Dr. Geddings then devoted himself exclusively to the practice of his profession, in which he was engaged successfully until within a few days of his death, which occurred from, primarily, a heart affection, hastened by an attack of pneumonia.

Dr. Geddings was regarded universally as a physician whose industry and technical education had won for him a first place in the profession. He was a scholar in medicine in every sense of the word. His practice was consequently very large, and he was especially popular as a "family physician." Apart, however, from the finished education of Dr. Geddings as a physician, he was a man of varied literary attainments. Always a close student and observer of the progressive movements in his chosen calling, he

found time, among his arduous labors, to keep pace with the general literature of the present time. He was, therefore, an accomplished scholar and a man of the most general information.

In his private life Dr. Geddings was as exemplary as he was modest and unassuming, notwithstanding the easy pre-eminence which his natural talent and singular gift in diagnosis, together with his education and attainments gave him. In him the medical fraternity of the State has lost a most distinguished associate and Charleston one of its most worthy and representative citizens.

MEDICAL NEWS AND MISCELLANY.

DR. I. J. NEWTON, JR., the chairman of the Committee on Reports and Essays of the Louisiana State Medical Society, reports the following papers to be read at the meeting in Alexandria, April 11:

Asiatic Cholera as it Occurred in my Practice in the Parish of Concordia, La., in 1849—Dr. Fox, Plaquemine, Pres. of the Society. Intermittent Neuralgia and its Great Frequency in the Parish of Plaquemine; with Typical Cases Reported—Dr. Fox. The Surgical Treatment of Abscess of the Liver—Dr. Thos. Hebert, New Iberia. Treatment of Wounds of the Large Surgical Veins—Prof. Edmond Souchon, New Orleans. Salient Points in which Eye and Ear Diseases can either Help or Mislead the General Practitioner in Diagnosis—Dr. Wm. C. Ayres, New Orleans. Cranio-Cerebral Topography as simplified by Yarinis' Method—Dr. Rudolph Matas, New Orleans. Reflex Neuralgias—Dr. A. G. Friedrichs, New Orleans. Fracture of the Tibia, with Laceration of Muscles of Left Leg—Dr. Wm. B. Powell, Natchitoches, La. Anti-Antiseptics in Surgery—Dr. C. D. Owens, Eola, La. (probably). Several other physicians of New Orleans have intimated a desire to read if possible. Dr. Newton has received no report from the chairmen of the sub-committees on medicine, etc., and obstetrics, etc.

THE 97th anniversary of the Medical Society of South Carolina was celebrated on the 16th day of December last. In the evening a banquet was served at the Charleston Hotel. The president is Dr. H. W. De Saussure, Jr.; Dr. Manning Simons, vice-president; Dr. P. Gourdin De Saussure, secretary, and Dr. C. B. Lanneau, treasurer. The society is fast creeping up toward its centennial.

AT the monthly meeting of the above Society, on February 2, Dr. R. L. Brodie exhibited a safety pin about one inch, or more, in length, which had been swallowed, *open*, by a child several weeks previously. The child remained well.

A LITTLE SON (of six years) of another practitioner in Charleston, some time ago swallowed a tin whistle. the nursery rhyme, "And he shall have music wherever he goes," will be applicable here.

At a meeting held January 10, the Galveston Medical Club passed resolutions heartily and emphatically urging upon Governor L. S. Ross the reappointment of Dr. Swearingen as State Health Officer. Dr. Swearingen was not appointed. Dr. Rutherford got the place, as we informed our readers last month, but the passage of these resolutions was certainly a very high compliment to Dr. Swearingen. Governor Ross also named Dr. J. S. Dorsett, of Bonham, to succeed Dr. A. N. Denton as superintendent of the State Lunatic Asylum. "The Board of Directors refusing to confirm the appointment, not because there was objection to Dr. Dorsett, but because in their judgment Dr. Benton should be retained, the Governor dissolved the Board and appointed one, which, it is understood, will respect his wishes." Hon. G. W. Kendall, of Denton County, takes charge of the Deaf Mute Asylum *vice* Dr. Shepard, and it is said that Dr. Wallace, at Terrell, will also be removed. All of which we gather from our *E. C. Daniel's Texas Medical Journal*.

THE new Board of Administrators of the Shreveport Charity Hospital met February 17, 1887, when the fact that all the funds of the institution had been attached was laid before the Board, and after some discussion the following resolution was adopted: "*Whereas*, all the funds of the Shreveport Charity Hospital have been seized under writs of attachment issued from the First Judicial District Court, Parish of Caddo, State of Louisiana, at the suits of Leon M. Carter & Co., T. C. Lewis & Co., Iler & Morris and Wm. Schober; and, *Whereas*, said suits cannot be tried and finally decided for several months, be it *Resolved*: that said Hospital be closed, and all inmates therein discharged by the first day of March, 1887." This is most unfortunate and will doubtless lay an additional burden upon the already overtaxed Charity Hospital of this city.

THE *Prix Lallemand* has been awarded to our friend M. Vignal of the *Collège de France* for his work on the

Développement des Eléments du Système Nerveux Périphérique et Central. Prof. Charcot, in his report to the *Académie des Sciences* on M. Vignal's memoir, said that it contained a considerable number of new facts which were important discoveries. We offer M. Vignal our hearty congratulations.

THE Charity Hospital is using three ambulances for its magnificent ambulance service. Two of the carriages were built in New York and the third in New Orleans. The one made at home after a thorough trial is pronounced fully equal to those of Northern manufacture, and in some respects superior. This shows what New Orleans can do.

J. T. Ross (a negro), has been convicted of murder in the Baltimore City Criminal Court. Ross murdered a poor old white woman, Emily Brown, and sold her body to Anderson Perry, the attendant in the dissecting room of the University of Maryland. Ross claimed that Perry instigated the crime and was party to it, but the Court acquitted Perry. An anatomical bill seems to be needed in Maryland.

THE *Maryland Medical Journal* says that a movement is on foot to establish a Charity Lying-in Hospital in Baltimore. The institution will be conducted under the auspices of the Faculty of the University of Maryland.

THE great Johns Hopkins Hospital will be opened on October 1st, 1888. It will be one of the most magnificent institutions in the world, with a capacity of 300 beds or over. There are fourteen acres of ornamental grounds. Its yearly income will be \$150,000.

A GOOD OLD FRIEND.—Dr. W. C. McGown writes to us from Austin, Texas: By looking at the books containing names of subscribers you will see I have been a subscriber since 1849; I still feel an interest in all medical matters of your city though I have retired from practice.

The "Hospital Sunday" Fund in New York City this year has already reached \$50,304. Strange that it has never occurred to the charitable christians of New Orleans to establish "Hospital Sundays" with us. The collections on two Sundays in every church in this city would contribute handsomely to the support of our noblest institution, the Charity Hospital.

DR. DOUGLAS TARDY has resigned his position of Demonstrator of Anatomy at the University of Virginia, on account of ill health, and Dr. L. E. Flannagan reigns in his place.

MORTUARY REPORT OF NEW ORLEANS

FOR JANUARY, 1887.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial, unclassified	4	.....	1	3	3	1	4
“ “ Typho.....	1	.....	.....	1	1	.....	1
“ Congestive.....	1	.....	1	.....	1	.....	1
“ Continued.....	.....	.....	.....	.....	.....	.....	.....
“ Intermittent.....	.....	.....	.....	.....	.....	.....	.....
“ Remittent.....	.....	.....	.....	.....	.....	.....	.....
“ Catarrhal.....	1	.....	1	.....	.....	1	1
“ Typhoid.....	.....	2	2	.....	2	.....	2
“ Puerperal.....	.....	.....	.....	.....	.....	.....	.....
“ Cerebro Spinal.....	1	.....	.....	1	1	.....	1
Scarlatina.....	.....	.....	.....	.....	.....	.....	.....
Small-pox.....	.....	.....	.....	.....	.....	.....	.....
Measles.....	1	.....	.....	1	.....	1	1
Diphtheria.....	8	.....	2	6	.....	8	8
Whooping Cough.....	1	.....	.....	1	.....	1	1
Meningitis.....	9	.....	5	4	2	7	9
Pneumonia.....	25	22	25	22	34	13	47
Bronchitis.....	6	7	9	4	6	7	13
Consumption.....	36	30	40	26	63	3	66
Congestion of Brain.....	4	1	4	1	3	2	5
Diarrhœa.....	4	.....	2	2	4	.....	4
Cholera Infantum.....	1	.....	.....	1	.....	1	1
Dysentery.....	3	2	4	1	5	.....	5
Debility, General.....	4	1	1	4	5	.....	5
“ Senile.....	15	18	18	15	33	.....	33
“ Infantile.....	5	6	8	3	.....	11	11
All other Causes.....	166	84	129	121	184	66	250
TOTAL,	296	173	252	217	347	122	469

Still Born Children—White, 30; Colored 13; Total 43.
 Population of City.—White, 176.500
 “ “ Colored, 66.250

Total, 242.750

Death rate per 1000 per annum for month.—White, 20.12.
 “ “ “ “ “ Colored, 31.30.

“ “ “ “ “ Total, 23.18.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—JANUARY.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in in. & Hund.	GENERAL ITEMS
		Mean	Max.	Min.		
1	30.194	36.7	43.6	24.4	....	Mean Barometer, 30.129.
2	30.361	32.5	36.9	28.0	....	Highest Barometer, 30.500, 3d.
3	30.469	27.8	32.9	21.4	...	Lowest Barometer, 29.670, 13th.
4	30.223	39.4	47.5	26.0	.02	Monthly Range of Barometer, .830.
5	30.135	37.7	42.8	32.7	.55	Mean Temperature, 51.4.
6	30.130	38.6	43.0	34.2	.03	Highest Temperature, 78.0, 31st.
7	30.042	41.5	45.5	37.5	.73	Lowest Temperature, 21.4, 3d.
8	30.131	46.7	50.8	42.5	....	Monthly Range of Temperature, 56.6.
9	30.026	48.0	63.9	42.6	.33	Greatest daily range of Temp. 29.1.
10	30.205	35.6	42.9	29.8	....	Least daily range of Temp're, 8.0.
11	30.076	48.1	59.3	31.0	....	Mean daily range of Temperature, 18.5.
12	29.921	53.8	59.9	36.8	.11	Mean Daily Dew-point, 41.6.
13	29.731	65.0	74.3	45.2	.06	Mean Daily Relative Humidity, 73.6.
14	29.931	58.3	69.0	48.8	....	Prevailing Direction of Wind, N.
15	30.164	55.5	65.6	48.2	....	Highest Velocity of wind and direction,
16	30.051	60.8	73.0	44.8	....	31. N. —17th.
17	30.179	53.1	67.3	44.8	....	Total Movement of Wind, 7204 miles.
18	30.444	42.8	49.0	36.3	....	No. of clear days, 12.
19	30.317	50.6	61.7	34.7	....	No. of fair days, 14.
20	30.159	62.5	71.4	50.7	....	No. of cloudy days, 5.
21	30.136	63.2	72.0	53.6	.20	MEAN TEMPERATURE FOR THIS MONTH IN
22	30.002	67.1	74.1	59.4	.16	1873.....49.5 | 1881.....58.4
23	29.987	62.5	71.5	54.0	1.91	1874.....56.0 | 1882.....62.4
24	30.217	51.2	60.9	44.6	....	1875.....54.2 | 1883.....56.8
25	30.092	59.6	70.0	43.4	....	1876.....60.3 | 1884.....47.1
26	30.290	52.6	63.1	46.5	....	1877.....53.7 | 1885.....52.0
27	30.317	48.6	57.9	37.5	....	1878.....51.0 | 1886.....45.5
28	30.081	64.7	73.8	50.0	....	1879.....53.1 | 1887.....51.4
29	29.947	60.2	66.9	54.0	.16	1880.....63.2
30	30.007	61.6	74.6	52.5	....	TOTAL PRECIPITATION (IN INCHES AND
31	30.023	66.4	78.0	58.6	....	HUNDREDTHS) FOR THIS MONTH IN
.....	.....	.....	.....	.....	.....	1873.....5.06 | 1881.....11.13
Sums	.....	.....	.....	.....	4.26	1874.....1.68 | 1882.....4.54
Means	30.129	51.4	.....	.....	.....	1875.....8.44 | 1883.....10.63
						1876.....4.42 | 1884.....4.35
						1877.....5.39 | 1885.....9.70
						1878.....5.36 | 1886.....7.53
						1879.....2.34 | 1887.....4.26
						1880.....1.02
						Dates of Frosts { Light, 0
						Killing, 1, 2, 3, 4, 10, 11.

M. HERMAN, *Sergeant Signal Corps, U. S. A.*

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J. P. MCGEE, M. D., Surgeon, &c

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NEW SERIES.

VOL. XIV.

APRIL, 1887.

WHOLE No. 268.

No. X.



The

NEW ORLEANS
MEDICAL AND SURGICAL
JOURNAL

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*Paulum sepulture distat inertia
Celata virtus.*—HORACE

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ONE PINT OF MILK, when peptonised, contains 2 OUNCES OF TOTAL DRY SOLIDS—MILK PEPTONES, MILK SUGAR, FAT AND ASH.

OF BEEF TEA, DR. CHRISTISON says: "He was able to obtain but a *quarter of an ounce of solid matter from a pound of beef.*"

The *peptonisation* of the milk is effected by the following amount of *peptone* in each pint of milk which "contains" is obtained against with great care, *only the salts of the muscles, the haematin and allied pigment, traces of sugar, perhaps, some lactic acid, and the mineral and extractives creatin and its congeners.* As the original half pound of muscle may contain about forty to sixty grains of the salts and ten to twelve grains of the nitrogenous waste products, the beef "tea (half pint) certainly contained no more."—PROF. BAUMGARTEN.

OF BEEF EXTRACT, DR. PAVY says: "There are grounds for believing that a considerable proportion consist of products of putrid decay, materials in course of retrograde metamorphosis, that are of no use as nutritive agents."

The well-nigh superstitious ideas entertained by the *laity* of beef tea, is expressed in the allusion to the "*strength*" which is popularly supposed to be extracted in the *tea*; after which the *beef* is thrown to the dogs. The working man makes soup from a joint and consumes the "*strength*" and the *beef* both.

The medical profession insist that the patients shall profit by the knowledge and progress of medical science, by the use of artificially digested fresh milk, etc. The *Nostrum* advertisers usurp the functions of the physician by prescribing fictitious "foods for invalids," foods which medical science has long since condemned.

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In boxes of 1 dozen tubes, at 50 cents retail. Each tube peptonises 1 pint of milk. Pamphlets and samples gratis to physicians.

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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL

APRIL, 1887.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Clinical Notes from a General Practice.

By HENRY T. BAHNSON, M. D., Salem, N. C.

MAMMARY ABSCESS. ✓

CASE I.—Mrs. J. H., white, æt. 22, delivered seven months ago of a healthy child, which she nourishes at the breast. After exposure, she experienced a succession of rigors, accompanied by severe aching in head, back and limbs, lancinating pains through the right mamma, and followed by fever. I saw her eighteen hours later. Pulse was 120; temperature 103° F.; tongue furred, marked general malaise. The outer and lower segments of right mamma were swelled, red, tense and glistening, and exquisitely sensitive to the touch. I ordered a saline laxative at once and ten drops fluid extract phytolacca decandra to be taken every two hours until relieved of fever and pain. To the breast I applied a square piece of rubber tissue, such as is used by dentists, sufficiently large to cover the whole organ, by tying a tape to each corner. Two of these tapes were passed around the waist and tied at the back. The two upper tapes were passed, one over the left shoulder, the

other under the left axilla, and tied so as to maintain equable pressure over the affected mamma. A small opening was made for the nipple, and milk was occasionally drawn from the breast during the following night, at first by a breast glass, and later by the child. In twelve hours all symptoms of abscess had disappeared.

CASE 2.—Mrs. R. L., white, æt. 20. Babe died suddenly when two months old. In her great grief, she paid no attention to herself. The following day both mammæ were enormously swollen and tender, and she had every symptom, local and general, of beginning mastitis. The apparatus above described was applied to each breast. The phytolacca extract was not given, nor was any milk taken away. In thirty-six hours the secretion was completely arrested, and the rubber tissue was removed.

CASE 3.—E. T., æt. 17, unmarried, under the care of her female friends, had abscess of the left mamma. It had been allowed to open of itself, and has been discharging several weeks. A more pitiful case I never saw. She was emaciated, anæmic to the last degree, had hectic, profuse night sweats, with absolute aversion to food. The mamma was boggy over its whole extent, and riddled with sinuses, communicating with several insufficient openings. Applying the rubber tissue, I enlarged the most dependent opening. Great relief was immediately experienced. By the next day appetite had returned, and tonics could be administered. There had been no fever nor night sweat. In four or five days all discharge had ceased. Convalescence was remarkably rapid.

The above are selected from a large number of cases similarly treated by me, during the past four years. When I mention that within a week I have been called to see two cases like the first described, and did not think it necessary to pay a second visit to either, the success of this plan of treatment is made sufficiently evident.

I have applied the tissue after the establishment of supuration, and seen the pus absorbed. Abscesses threatening to involve the whole breast, have contracted to such an

extent, that when opened a day or two after the application they discharged perhaps a teaspoonful, and the cavities healed by first intention.

No form of support can be devised which is so comfortable to the patient by thoroughly relieving the dragging weight of the inflamed breast, while its equable pressure promotes absorption and prevents extension of inflammation or burrowing of pus. The tapes must be *tied* to the corners of the tissue. The gathering at its corners assists in adapting it to the contour of the breast, and besides the tissue is easily torn if punctured by a pin or needle. Care must be taken to remove the rubber as soon as the signs of inflammation disappear, or the secretion of milk will be permanently arrested. Where it is desirable to maintain the flow, I have found benefit from the use of the *phytolacca*, whether administered internally or applied locally.

PUERPERAL ECLAMPSIA. ✓

CASE I.—A. B., col., æt. 19, was delivered of her first child by a midwife, after a rather protracted labor. An hour later she was seized with a convulsion, and I was summoned. When I arrived she was in the height of a third convulsion. She had bitten her tongue nearly half off, about two inches from the tip, and the blood was streaming over the bed and floor. Turning her upon the side to prevent strangulation, I waited until the convulsion passed off. The excessive hemorrhage had rendered her pulseless, but she was sufficiently conscious to open her mouth. The artery was retracted out of sight, but was spouting in a large stream. Finding it impossible to apply a ligature, I inserted a large common pin about one-half inch posterior to the wound through the dorsum of the tongue to the inner side of the bleeding spot, and pushing the side of the tongue below and past the point with all the force the pin would bear, I brought it out near the edge of the dorsum on the wounded side, completely arresting the hemorrhage. The edges of the wound could only be imperfectly approximated, but I sewed them together as best I could, with fine

silk sutures. The point of the pin was cut off with pocket scissors and filed smooth. Two days later, the pin was removed, as were also the sutures, the wounds being nearly healed, with slight deformity. The girl lost at least three pints of blood, had no more convulsions, and without further treatment made a speedy recovery.

CASE 2.—Mrs. E. B., white, æt. 36, multipara, was delivered by me of twins at full term after a short labor, at 10 P. M. She lost unusually little blood, but complained of great exhaustion. An hour later I left her, as she was feeling pretty comfortable, but wakeful. Summoned at 6 A. M. the following day, I found her in convulsions. Her pulse being very feeble, I did not bleed her, but injected 1-3 gr. of morphia under the skin. Three hours later, I found her restless and moaning with severe pains in her head. The feebleness and rapidity of the pulse still persisting, I injected 1-4 gr. morphia, which, like the first dose, acted very happily in quieting her. At my noon visit, she greeted me with a smile and the assurance that she felt perfectly well. A most wonderful change had taken place. Before she had been restless, vaguely apprehensive of evil, occasionally wandering in mind, moaning in pain, pulse feeble and rapid. Now pulse was slow and soft, mind clear, pain and apprehension dissipated. Shortly after my 9 A. M. visit she had a profuse hemorrhage from the uterus, after which she slept quietly till noon. No further treatment was necessary, and she made a good recovery.

CASE 3.—Mrs. E. M., white, æt. 19, a plethoric primipara, delivered at full term of a healthy child after a tedious but uncomplicated labor. Half an hour afterwards, without warning, she was seized with a fearful convulsion. By the time she was quiet I had freely opened a vein in the bend of the elbow. Twenty-four ounces of blood were abstracted, when my patient recovered consciousness. A rapid convalescence resulted without further treatment.

The cause of puerperal convulsions is obscure. The uræmic theory has its adherents; others contend that they

are the result of hydræmia, etc. In an article published in the *Virginia Medical Monthly* (Oct. 1877), I gave the results of my observations in fourteen cases, in which, without exception, a morbid appetite for strong food—a genuine boulimia—for weeks or even months, had preceded the onset of convulsions. Acting upon this hint, I am confident I have prevented convulsions in several cases. Since that article was written I have taken notes of sixteen additional cases, in all of which this boulimia was present. In my experience the subjects of puerperal convulsions are seldom seen by the physician before the beginning of labor. However opinions may differ, therefore, as to preventive treatment, I desire to impress the argument in favor of bleeding as a cure, which is so forcibly presented by the history of the cases I have described. Excluding the two cases in which a free flow of blood occurred without my interference, I have bled in seventeen successive cases, and every case has recovered. The only fatal cases I have ever seen are those in which bleeding has not been resorted to promptly and energetically. Bleeding must be done with judgment, and my rule is to bleed *pleno rivo*, until a thoroughly appreciable effect is produced upon body and mind of patient. If that result is attained by others from the abstraction of six or eight ounces of blood, I congratulate them. In all these cases I have never taken less than a pint, and often nearer two. I measure the effect, not the quantity.

I most thankfully accept chloroform, ether, morphia, chloral, jaborandi, hydrogogues, the wet pack, lateral decubitus, and other measures recommended, and value them highly, each in its place, as adjuvants; but I regard the lancet as the main reliance, *sine qua non*, in the treatment of this formidable disease. It requires no waiting hour after hour in fearful suspense, for a hoped-for but uncertain result; five minutes rescues your patient from the valley of the shadow of death.



IMAGINARY PREGNANCY.

CASE I.—Miss E. H., white, æt 16, is brought by her father, a former comrade in arms, who appeals for sympathy and assistance. He says that three months ago, during his temporary absence, his daughter was raped by a neighbor's son, who had always been a welcome guest in the family. Her screams brought her mother to her assistance and the villain fled, but not before accomplishing his purpose.

The girl is well developed for her age, and above the average in intelligence. She tells me she has missed the monthly three times since her mishap; had always been regular, and has had nausea, sometimes to the point of vomiting, every morning since four weeks after the last appearance of the menses. Modestly, but without prudery, she narrates the occurrence. The young man was sitting before the fire-place while she dusted the mantel. Her back being turned to him, he suddenly seized her, jerked her around, and throwing up her clothes, forced her down upon his lap with great violence. She recollects only that their uncovered persons were in contact for perhaps a moment, during which time she never ceased to struggle and scream. After her fright subsided, she felt sore and bruised on the buttocks and about the pudenda, but there was no discharge from her genitals, nor was any found upon her clothing. Immediately after the outrage the young man disappeared from the neighborhood, and her parents cautioned her to keep the matter secret. Her mother not doubting that coitus had been effected, told her that she would feel sick in the morning if she was pregnant, and to her horror the dreaded symptom made its appearance. Domestic remedies failed to bring on the monthly, and finally her father brought her a distance of forty miles to consult me.

Physical examination showed the absence of all signs of pregnancy. The mammæ were redundant, but not from glandular development, the nipples were small, areolæ pink and without papules. There was no hymen, but the

vagina was contracted, of normal color, the tissue firm, and rugæ well marked. The vaginal portion of the uterus was conical, of normal consistence, and Hegar's sign was wanting. The body of the uterus could not be felt above the pubes. With the assurance that pregnancy did not exist, the girl was dismissed, only to return again at the end of four weeks. The menses had not appeared, and the morning sickness persisted. A second examination convinced me of the correctness of my first diagnosis, and to convince the girl I passed the sound, and found the uterus of normal depth. The cervical canal was somewhat stenosed, and learning that menstruation had always been painful I dilated the cervix. She was directed to take the emmenagogue pill of Prof. Mutter, and a few weeks later the menses reappeared.

CASE 2. Miss M. L., white, a motherless girl, while driving with a discarded lover, was criminally assaulted. The small of the back rested on the edge of the buggy-seat and her buttocks and limbs were between the seat and dash of the vehicle. Her genitals were not sore or bruised. The underclothing and person were moist with a sticky fluid when she had opportunity to examine. The back was so severely strained that she could hardly move for several days afterwards. I was called to see her by her friends four months later. They knew nothing of the above circumstances. I found her in a condition almost maniacal. Not having any one in whom she could confide, she had kept her own counsel and the worry and loss of sleep had seriously affected her reason. It was several days before she could speak coherently. After gaining her confidence she told me the above facts. When she should have been unwell after the outrage, there was a slight show for a day with great pain. Unfortunately, she got hold of a book on medical subjects, and learned the symptoms of pregnancy. In response to her fears, nausea appeared, and she was convinced that she was ruined. An examination satisfied me that she was not pregnant, and, furthermore, that coitus could not have oc-

curred. In a few weeks, by careful treatment, my patient was restored to both mental and physical health. Successful concealment of pregnancy is not uncommon, but morning sickness caused by purely imaginary pregnancy must be of rare occurrence.

ARREST OF SEXUAL DEVELOPMENT.

CASE 3.—Miss L. K., white, æt. 26; tall, slender, anæmic in appearance, gives the following history: She was a healthy child, and at the age of 12 years, while at a boarding school, had a slight bloody discharge from the genitals. Discharge lasted but a few hours, was not sufficient to require a napkin, and was unaccompanied by pain or malaise. Since that time there has never been discharge nor even menstrual molimen. She has never been sick, but acting upon the advice of anxious friends and injudicious physicians, she has for fourteen years dosed herself with all sorts of nauseous teas and drugs, with no other result than to impair her health and depress her spirits. She thinks she is in a decline, and is convinced that she is doomed to die unless the menses are established. A careful examination fails to show any disease of heart, lungs or other vital organ. Digestion and assimilation are seriously impaired by the therapeutical experiments to which she has been subjected.

Upon investigation of the sexual organs, I find the breasts rudimentary, the nipples mere pinkish papules, less than one-fourth inch in diameter, entirely smooth, and without areolæ. There are two or three fine, silky hairs, perhaps an inch long, in each axilla, and half a dozen in the pubic region; the mons veneris is no more prominent than in a ten-year-old boy; the labia majora are those of a child, smooth and without hair; the labia minora simply folds of pale mucous membrane, while the clitoris cannot be felt. The hymen is intact, and I can with difficulty introduce my finger into the vagina, which is smooth and not quite two inches in length. The cervix uteri is hardly larger than the point of my finger and conical; the os ad-

mits a small probe to the depth of $1\frac{1}{4}$ inches, the uterus is freely movable, but can not be pushed upwards so as to be felt by the hand above the pubes, without greater force than I feel justified in employing.

My patient is intelligent and well educated, and I question her closely. She has never experienced a sexual desire, derives no pleasure from association with the opposite sex, has never contemplated marriage, and can not understand the maternal instinct. Her exact condition is carefully explained to her, and, at her request, to her friends, and a promise is exacted that no more efforts shall be made to stimulate the menstrual function. A compound syrup of the hypophosphites of lime and soda, containing also iron and strychnia (Remington's formula) is ordered. Seven months later, my patient writes me that she has steadily improved in general health. She is now convinced that the monthly is an unnecessary nuisance, is thankful that she will never be troubled with it, is thoroughly satisfied with her condition and happy in her life's work of teaching.

OVARIOTOMY—NOT OVARIECTOMY. ✓

Maggie Mallett, colored, æt. 27, mother of one child born nine years ago, sent for me on account of an enormous distension of the abdomen. I found it to be fluid, which had been accumulating for nearly two years. The history was that of a simple cyst of the left ovary. Immediate relief was demanded, and through a canula, I drew off nearly five gallons of a pale, straw-colored liquid. The following morning she resumed work in a tobacco factory. During the ensuing eighteen months the operation was repeated seven times at steadily decreasing intervals. With the exception of two attacks of severe abdominal pain, unattended by fever, neither of which confined her to the bed for more than a day, and which she ascribed to imprudence in eating, she maintained a fair degree of health, but the abdominal enlargement did not entirely disappear after the tapping, and the operation was required before the

tumor approached the size at the first tapping. The quantity of fluid likewise grew less on each occasion, and at the last tapping not more than a gallon was taken away. After its removal, a moderately consistent tumor remained, extending to about the level of the umbilicus.

Laparotomy had been repeatedly urged, and finally she consented.

Assisted by my medical friends in the community, I operated January 21st, 1883. The external tissues were divided in the median line of the abdomen, and after bleeding had been arrested, I proceeded to open the peritoneal cavity. Very carefully I cut through fibrous tissue more than half an inch, before I came to a cavity, and that proved to be the interior of the cyst. It was utterly impossible to separate the opposing peritoneal surfaces, so firm and complete was their agglutination. The incision was enlarged until the hand could be passed into the cyst, and its much thickened walls were found attached in every direction to the abdominal organs and parietes. The uterus and bladder projected into the cyst cavity, and their outlines could be plainly felt. Springing from the sacral region, was a mass larger than the fist, of gelatinous granulations resembling sago tinged with wine, and minute blood vessels were seen ramifying over the surface, which bled freely upon the slightest manipulation.

Finding it impossible to remove the cyst, I united its walls by several sutures to the external skin, with a view to establish permanent drainage. The patient recovered without a bad symptom. More than three years have now elapsed since the operation. The cyst has continued to discharge and its contracted walls can be felt to the rear of the incision, which is largely occupied by the sago-like granulations. The latter occasionally slough, and cause an offensive, irritating discharge, easily corrected by some disinfectant wash. The woman wears a pad over the orifice, and is so little incommoded, that she never loses a day from her work.



OSTEOMA OF SUPERIOR MAXILLA. ✓

Sandy Phillips, white, æt. 18. Growth appeared under left eye about seven years ago, gradually causing protrusion of the eye. Three years ago was attacked with severe pain in both eyes, without inflammation. For several hours he was totally blind. Sight was gradually restored in the protruding eye, and he can now see with that eye sufficiently well to read. The eye *in situ* is totally blind. The tumor is entirely painless, does not encroach upon the cavity of the mouth, and but slightly interferes with the nasal passage. It grows slowly, if at all, and the boy enjoys very fair health.

Coryza and its Treatment. ✓

BY DAVID B. FRONTIS, M. D., Wadesboro, N. C.

It seems to the writer that this everyday complaint has never received the attention from the authorities who write our text-books that the subject properly demanded. Many physicians, when consulted about a cold, think it too trivial for any serious consideration, and prescribe in an off-hand, careless manner. It is true, that coryza runs a self-limited course, and will pass through its stages and end in recovery in the vast majority of instances without active medication. But to work while suffering from a severe coryza is always most uncomfortable, sometimes impossible; and in this utilitarian age of bustle and active competition, few persons can afford to withdraw from their active avocations for even a few days, and wait until a cold "runs its course." Sometimes it may be necessary for a patient to meet some particular engagement which he could not do without relief. Again, the remote effects of "a cold in the head" are not always insignificant. The wary physician may well have an anxiety concerning patients with severe or frequently recurring coryzas, who are predisposed to bronchial or pulmonary affections. That which was at first simply a rhinitis, is liable to result in a pharyngitis, a laryngitis, or a

bronchitis. Coryza can be aborted by proper medication, and very considerable discomfort and even actual suffering thereby relieved.

The writer subscribes fully to the opinion of Dr. Lees¹ that acute coryza is essentially a neurosis of the vaso-motor nerves. They are reflexly excited, either by cold or direct irritants to the sensory fibres of the fifth distributed in the nasal mucous membrane. The congestion and hyperæsthesia, are a result of this vaso-motor paresis. The late Dr. Austin Flint² thought that cold had very little to do with the causation of coryza, and said that among those who are especially exposed to sudden changes of temperature it is rare. It seems to me this is throwing aside all the accumulated experience of the past, and I think that practitioners generally will bear me out in the statement that in the majority of instances it can be attributed either to direct exposure, to changes of temperature, or to allowing the body to become too suddenly cooled when the surface capillaries are engorged, as after violent exercise. The most of us can recall instances of this in our own experience, which it would be hard to deny. Sudden variations in surface temperature may act in some at present unexplainable manner upon the nervous system, resulting in a paresis of the vaso-motor nerves of the nares or nasopharynx. Dr. Flint was an earnest advocate of a germ etiology, while Dr. Lees thinks it improbable. If we acknowledge that direct irritants, as certain gases and powdered drugs, may produce a coryza by reflex action, it requires no unusual elasticity in our theory to say that the development of colonies of micro-organisms upon the nasal mucuous membrane may produce the same effect. I would cite, as strongly confirmatory of this nervous theory, the fact that coryza may result purly from psychical influences as is shown in the following paragraph from Eichhorst: ³

In some cases the etiological connection is altogether obscure. Thus certain women always suffer from coryza at

1. *British Medical Journal*, Feb. 13, 1886.

2. *Medical News*, Oct. 24, 1885.

3. *Diseases of the Circulatory and Respiratory Apparatus* (Wood's Library, '86) p.173.

the time of menstruation. I also know of several cases in which men filling public offices always suffered before appearing in public from a rush of blood to the head, acute stoppage of the nasal passages and a discharge from the nose. This psychical coryza only ceased after they had been "in action" for a little while.³

The study of the nasal reflexes in their various forms is attracting much attention just now; a recent writer alludes to it as the "burning question of the hour in rhinology."

It is best to divide the treatment of coryza into two stages.

1st. The stage of congestion and hyperæsthesia.

2d. The stage of secretion and exudation.

If a case is seen in the first stage, give 25 or 30 grains bromide of potasium or sodium to quiet the reflex excitation and relieve the hyperæsthesia. In neurotic females the local application of a 2 per cent. solution of muriate of cocaine will have the happiest result, but will have to be repeated every half hour or hour. The cocaine may be applied with the ordinary drop tube, and when instructed, some member of the family can do it sufficiently well.

Dr. Krakauer ⁴ of Berlin, reports success with cocaine and menthol. He inserts a small tampon of cotton three or four cm. long, saturated with 5 to 10 per cent. solution of cocaine or 10 per cent. solution of menthol in each nostril and allows it to remain four or five hours. I believe the plug of absorbent cotton would act as a depletory itself, but few Americans would submit to such a treatment.

To relieve the congestion, belladonna or its active principle, atropia, is almost specific. A number of authors and writers have recommended belladonna. Bartholow⁵ advises an initial dose of five drops of the tincture to be followed by one or two drops every hour until atropinism is produced. He says that belladonna acts as a physiologi-

4. Therapeutic Gazette, Jan., 1886, p. 55.

5. Bartholow's Therapeutics and Materia Medica, p. 300.

cal antagonist to the disease action. Brunton⁶ recommends one drop tincture of aconite to two of belladonna every hour. But we are indebted to Dr. S. Solis Cohen⁷ for bringing the use of atropia in coryza prominently before the profession.

There is such a great difference in the susceptibility of individuals to the action of belladonna, and the tincture is such a variable preparation, that it is a great gain to use the active principle atropia. Atropia relieves the congestion by raising the blood-pressure through its stimulating action on the vaso-motor centre in the medula.⁸ It must be given with caution to all first patients or you may produce a condition more disagreeable than the original cold. So it is best never to order more than 1-120 grain to be repeated every four to six hours until three or four doses have been taken. To a patient who has used the drug and recognizes its efficacy and is willing to suffer some discomfort from a dry throat or dilatation of pupil you may give 1-60th grain and repeat 1-120th grain in six hours.

In my experience this has invariably aborted a cold when seen in the first twenty-four or thirty-six hours. I have found it a good plan to combine gr. iij. to v. of sulphate quinine with the atropia. This prevents to a large extent the uncomfortable dryness of the throat produced by the latter. Dryness hardly expresses the real condition, for in my own case it amounted to positive pain after taking 1-60th grain. Dr. Cohen advises the holding of small pieces of ice in the mouth for this. I have found in my own person that a pinch of chloride of sodium answers very well to produce a little secretion.

I have a lady patient who is extremely susceptible to the influence of belladonna, but who was able to take 1-120th grain sulphate of atropia with gr. v. of quinine without any more discomfort than some little redness of the face and dilatation of the pupil. In two attacks, this dose repeated

6. Brunton Pharmacology, Therapeutics and Materia Medica, p. 983.

7. Phil. Medical Times, Aug. 8, 1885.

8. Brunton Pharmacology, Therapeutics and Materia Medica, p. 83.

in six hours aborted the cold. It is much better to give the first dose at bedtime and the second in the morning. The patient will then have the minimum of discomfort in the waking hours. If a case is not seen until forty-eight hours after onset, give the bromide and follow with a pill of opium, gr. ss; camphor, gr. iij, repeated at intervals of three hours until three or four doses have been taken; this relieves pain and discomfort and does not entirely check secretion.

In the second stage it is far better to favor secretion and allow the congested mucous membrane to empty itself. Nothing is more conducive to this than the old remedy of quinine and Dover's powder. Two to five grains of the former with one to two of the latter, and repeat every three or four hours. Small doses of Dover's powder with quinine produce all the secretion desired; large doses are sure to nauseate. The occasional inhalation of aqua ammonia is excellent to favor secretion. Cohen recommends the occasional administration of salicylate of ammonia in late cases. In the single case in which I have used this drug, other remedies having failed to give relief, the result was very satisfactory. The usual dose for an adult is gr. xx every four to six hours.

When there is any obstruction in the nasal passages, a douche of warm water impregnated with chloride of sodium in the proportion of a teaspoonful to Oss water, is not only useful to clear the nares of accumulated secretion, but is exceedingly grateful to the patient. An expensive nasal douche is not needed. Two feet of rubber tubing with a glass tube at one end to place in the vessel containing the solution, and a short bulbous glass tube for insertion in the nares. This outfit can be improvised at any drug store. Fill the tube by coiling it in the solution. Elevate the containing vessel and instruct the patient how to hold his head—slightly inclined forwards. The physician should always supervise the first use of the douche and should order it repeated according to indications in each particular case.

✓ **Acute Catarrhal Inflammation of the Ear; with Vertigo,
Paresis of Facial Nerve and Oedema of
Eye-Lid of Same Side.**

By WILLIAM C. AYRES, M. D., New Orleans, La.

It is not by any means a frequent occurrence that even an aurist comes across a typical case of acute catarrh of the ear.* And so much the more is this the case with the general practitioner, that the relation of its conditions and effects should be of more than passing interest. It is a very grave disease; however, the present paper is not so much intended to give a resumé of acute aural catarrh, as to record and explain the peculiar effect it produced in the case of one of my patients, who has just been discharged from treatment.

CASE.—Mrs. H., a widow, well advanced in years, was sent to my office some days ago, because of deafness in one of her ears. She had suddenly lost her hearing on that side to such an extent, that she could only hear a loud voice close to her; and complained of distressing *noises in her ear* (tinnitus). Her head was continually turning around *in the direction of her deaf ear*. I examined her ear, and, of all the nonsensical things I have ever heard of people having done to their ears, (and their name is legion), I found that she had melted a wax candle, and poured the melted wax while hot into her external auditory canal. I anticipated all sorts of conditions in that ear, but strange to say there was not much reaction besides an intense congestion deep in the canal and of the drum-membrane itself. However, she did not seem to hear much better after the wax was washed out of her ear. When the ear was cleansed the conditions presented were the following. The *membrana tympani* was very red, with intense congestion of the vessels along the handle of the malleus. The drum-head itself was slightly bulging, and had the peculiarly translucent appearance caused by fluid in the tympanic cavity. I simply inflated her ear with air, and

* Which of course means the middle ear, since this is the only part of the ear which has a mucous membrane and can have catarrh.

told her to return the next day. She came and could hear the voice at ten feet=10-60ths.

At this visit the drum-membrane was less injected, and I could see a line running across the top of the drum, representing the surface of a fluid which had collected in the tympanic cavity.

The face was stiff and slightly distorted on the same side. The under eyelid was somewhat œdematous. She said she had violent palpitation of the heart; certainly, her heart beat violently when she came up-stairs to my office.

The hearing rapidly improved, until at the end of ten days I discharged her, with normal hearing, and it has remained so up to the present, as far as I know.

REMARKS.

It is not an unusual thing to see a *suppurative* ear disease produce paresis or even complete paralysis of the facial nerve. All of which is easy to understand when we remember the passage of the *chorda tympani* directly through the tympanic cavity. Many, many such cases are on record. But a condition of paresis brought about simply by a catarrhal affection is much more rare, and can be explained, to my mind at least, more easily by considering all affections of the middle ear as probably not only inflammations of the mucous membrane proper, but also as partaking of the nature of periostitis. It is almost impossible to draw a line of demarcation between the mucous membrane proper and the periosteum of the bony walls of this cavity. Therefore we see how easy it could be for an inflammation of this kind to cause the mucous membrane or periosteum and underlying bone to become so swollen as to press upon the nerve in its course through its bony canal. It is possible to imagine, however, that the accumulation of fluid within the drum-cavity caused so much pressure, *per se*, as to rob the nerve of much of its functional power.

Again, if we try to account for the vertigo which was present in this patient, we find two possible ways of doing so. But in order to appreciate the first way we must recall the anatomy of the parts.

The vessels of the dura mater are in direct communication with those of the tympanic cavity, by means of blood channels which pass from the drum cavity through the *fissura petroso-squamosa*, and join the middle meningeal artery. So by way of this connection we could easily understand that ear disease could produce vertigo, or other symptoms of irritation in the coverings of the brain, which complications are especially liable to occur in acute catarrh of the tympanic cavity, since the acute inflammation could cause hyperæmia direct, or even congestion of the brain or inner ear, and induce vertigo.

The second and most usual way of accounting for vertigo in ear troubles, is by considering it the result of pressure on the membranes of the oval window and thence to the semi-circular canals as first described by Menière. This is undoubtedly the origin of that kind of vertigo which we so often see in ear patients, caused by throwing a stream of water against the drum membrane of the ear. However, I do not mean to say that the pressure on the drum-head itself has anything to do with the vertigo; except that this membrane is a part of the apparatus which transmits the water pressure from the external canal to the semi-circular canals of the labyrinth.

In the same way, our patients often complain of vertigo in simple catarrh of the Eustachian tube, when there is no fluid in the tympanic cavity. This is also the result of pressure, but it is produced by other causes. For instance, the catarrh of the Eustachian tube causes its lining mucous membrane to swell, and the calibre of the tube being very small in its bony portions, is closed, cutting off the communication between the tympanic cavity and the throat. In this closure, the air in the drum cavity becomes rarified, and consequently the pressure of the external atmosphere drives the drum membrane in. This causes the membrane

to become rigid so as not to vibrate freely, and reduces the acuteness of hearing. It also presses the oval plate of the stirrup deep into the oval window, causing pressure on the semi-circular canals and inducing vertigo.

There is still a condition which causes this symptom, and in a way which is not so easily to be explained, viz., it may happen that a simple impaction of wax in the external canal may cause vertigo, and all sorts of brain symptoms. I remember a case (for which I was called in consultation) a few months ago. It was that of an estimable lady who had been sent from Texas to one of our most prominent physicians to be treated for brain disease. She had had severe vertigo and fainting fits for several months, which induced her family physician to believe there was some grave organic brain trouble going on. She heard badly, and was sent to me, to have her ears treated at the same time. I found impacted wax in both ears, so situated that it was in contact with the drum membranes. A thorough cleansing of her ears not only washed away all of her ear-wax but also her brain symptoms, and in a few days she left for home, she and her husband about as happy a couple as one could well imagine.

One of our prominent younger physicians also consulted me some little time since for a "peculiar feeling of fullness in his ear" with slight vertigo. On inspection I could find nothing abnormal whatever, except a hair very much the size and shape of an eyelash, lying in contact with his drum-membrane. There being no injection of the blood vessels, I did not dare to hope that a simple hair could cause such vehement symptoms as his vertigo, etc., but such proved to be the case, since after its removal all of his symptoms disappeared, and as far as I know, have not returned.

The condition of the latter case I am unable to account for, unless the vertigo was caused by reflex nervous irritation of the brain, or, much more probably, of the semi-circular canals of the labyrinth of the ear.

I know I will be pardoned for introducing a few lines

here from the original memoir of Menière about brain symptoms from ear disease, since they are so very beautiful and so very classic, especially since his original writings are difficult to obtain. I sought for them a long time myself before I found them, even after I had made otology a specialty. We will only give his conclusions; but remember that at his date nothing was definitely known of the subject; his ideas being strictly original with himself. After many remarks he adds, to the following effect: "An ear which has previously been perfectly normal can suddenly become the seat of grave functional disturbance, which may result in the various forms of subjective noises (tinnitus), sometimes continuous, sometimes intermittent, accompanied by a varying condition of the acuteness of hearing. The seat of the disturbance lies within the auditory apparatus itself, notwithstanding the fact that it produces various cerebral symptoms, vertigo, deafness, uncertainty of gait and whirling sensations; besides being accompanied by vomiting, and even a condition of unconsciousness. These conditions are accompanied by all degrees of hardness of hearing, even the hearing is sometimes completely lost. It is highly probable that these conditions are brought about by pathological processes of the semi-circular canals." He bases his opinion partly on experimental and partly on practical grounds, and cites the case of a young woman, who was travelling by night on top of a stage-coach, contracted a violent cold, became suddenly deaf, had continuous vertigo, vomited on every movement of the head, and died on the fifth day of her disease. *Post-mortem* revealed a normal brain and spinal cord; even the ear showed nothing abnormal outside of the semi-circular canals. These canals were filled with a reddish plastic material—a kind of hemorrhagic exudation. The vestibule showed traces of it, but the cochlea was absolutely normal.*

As a matter of history, we may add the physiological ex-

* Gazette Médicale de Paris, 1861; pages 29, 55, 88, 239, 379 and 597.

periments of Flourens.* He wounded the semi-circular canals of pigeons and rabbits in various ways, and noticed peculiar incoördinated movements and uncertainty of gait, with an obvious loss of power to regulate the position of centre of gravity of the body.

The observation of Signol and Vulpian† are also of great interest in this connection, viz., a game cock which had been wounded in battle showed the same incoördination of motion as Flourens had noticed after wounding the semi-circular canals of his pigeons and rabbits, and Menière in his young woman. Signol and Vulpian found, in the post-mortem held in the case of the wounded cock, that the brain was in a normal condition, but there was a partial necrosis of the temporal bone, by which a large part of the middle and inner ear of the same side, including the semi-circular canals, was destroyed. This observation is very valuable, since it shows us that diseases of the inner ear can produce the same symptoms as we find after wounding of the semi-circular canals, the condition and train of symptoms known as Menière's disease. About the œdema of the eye-lid, it is very tempting to argue some vaso-inhibitory action from sympathetic effects upon the vasomotor system, but we will simply record the fact and pass on to the summation of our case. The same may be said about the palpitation of the heart.

To briefly resume, we may say that the acute catarrh of the ear caused swelling of the soft parts of the canal for the passage of the *chorda-tympani* nerve through the temporal bone. This swelling closed the canal so as to cause pressure on the body of the nerve, inducing paresis of the muscles of the face on the same side.

The vertigo was caused by pressure directly on the foot of the stirrup and membrane of the oval window of the labyrinth of the ear. We arrive at these conclusions because the drum-membrane was only slightly bulging outwards, and consequently there was no excessive strain

* Recherches Expérimentales sur les Propriétés et les Fonctions du System Nerveux, 1842; pages 422-454.

† Gazette Médicale de Paris, 1861, p. 710.

within the drum-cavity. Therefore the pressure was not great enough on the nerve itself to deprive it of its functional power, while, on the other hand, it is just the condition of acute catarrh which causes the soft parts of the ear to swell inordinately.

As to the other symptoms, we know that a very slight pressure on the *membrana tympani* can cause vertigo, as we often produce it ourselves in gently washing the ear with a syringe.

This was a very slight case of acute disease of the middle ear, and was cured by simply inflating the ear with air so as to let the fluid out. But it often happens that acute catarrh within the petrous portion of the temporal produces such violent and persistent symptoms, that the uninitiated would unhesitatingly call it a well defined case of acute inflammation of the membranes or parenchyma of the brain. Indeed, in two cases which have come under my observation the patients would have had a greater chance of life had they been affected with meningitis, than they did with their *otitis catarrhalis acuta*.

Galloping Consumption.*

By DR. JOHN DELL'ORTO, New Orleans.

I.

“The supervention of acute tuberculosis,” says J.W. F. Smith Shand, in the *London Lancet* (December, 1874), “in cases of chronic wasting diseases is not uncommon, and the probability of its occurrence may be anticipated, but cases of acute tuberculosis occurring in persons, who had previously enjoyed good health, and who succumbed to the disease in the course of a few weeks, are more rare, and the difficulties experienced in the diagnosis are often very great. In itself a constitutional disease, it often commences with the symptoms of a common cold; subsequently it may assume the character of a specific fever—an enteric fever—and then even with the aid that the ther-

* Read before the New Orleans Medical and Surgical Association.

mometer affords, the practitioner finds himself oppressed with doubts as to the real nature of the case.

“The duration of the disease and the symptoms in this kind of tuberculosis and enteric fever are so much alike, that it is probable, that the one is not unfrequently mistaken for the other, and that the rarer disease is set down as an example of typhoid fever, presenting, it may be, supposed anomalous symptoms.”

Mr. President, I am pleased to commence my paper with this quotation from the English physician, because it expresses in better words the result of my observations on this disease.

Thus looking back over my life as a practitioner of medicine, and thinking of the matter, I remember to have met with, perhaps, three or four such cases of acute tuberculosis, and I also remember that at the very outset of the treatment, in each case, I mistook the disease for typhoid fever—the general febrile condition, the curve of the temperature, the absence of local signs of pulmonary troubles seemed to justify the diagnosis. It was generally at the end of the second week, when a sudden appearance of acute pains in the chest, of a peculiar cough, and an excessive dyspnœa indicated that something was wrong in the passage of the blood through the lungs, impeding its proper oxygenation, and that I was in the presence of a case of galloping consumption.

II.

The history of the following recent case, with especial reference to its peculiarities, is an example that may prove interesting and instructive to the profession.

M. P. is a young and handsome widow of 21; never had previously any serious illness. She has been married over three years. Her husband died of consumption a year ago, after lingering many months. Although she was in constant attendance at his side, and shared the same bed, it seemed that her general constitution was not affected. In fact a few days before this attack she looked strong and hale—the very picture of health.

About the middle of the month of July, 1885, her menstruation stopped on account of exposure; a slight cough soon appeared, followed by several paroxysms of fever of an intermittent type. Seeing no improvement with the common remedies, she sent for me. It was at the commencement of August. I found her with a temperature of 103, headache, insomnia, loss of appetite, dry tongue, and excessive thirst. Her body seemed to be well nourished, her chest perfectly formed. As I noticed no other symptoms, I thought it was a case of those continued non-malarial fevers that often occur in our city at that season of the year, and look like mild forms of typhoid fever, and I was under the impression that with good care and proper treatment, the woman would recover in two or three weeks.

Eight or ten days after my first visit, I was struck by the remarkable change that I observed in her countenance — it was livid — the respiratory movements seemed more exaggerated and quickened; the temperature was one degree higher than the other days; menstruation had not appeared. She says that the previous night she suddenly felt a very acute pain in the left side, which caused great suffering and a most distressing cough. Applying my hand on the place of the pain, bronchial fremitus was well marked. The percussion did not give a very dull sound, but upon auscultation!..... I must confess that I was most sadly surprised to hear the rapid disintegration that was taking place in that left lung — how quickly its tissue was breaking down into cavities. There was no doubt, the disease was acute galloping tuberculosis, and the issue could not be otherwise than fatal.

From that time the succession of symptoms was really galloping. No antipyretic could break the fever, which continued always intense, with temperature oscillating between 103½ and 104. Her menses never returned in spite of the different emenagogues which I prescribed. The cough became more severe, the sputa more abundant and muco-purulent, occasionally mixed with blood; complete

anorexia and disgust for any kind of food and general depression rapidly increased, and with restless nights, nocturnal delirium, night sweats and diarrhœa, she succumbed at the end of September.

She died in the course of nine weeks and in such a state of emaciation, as though she had been sick nine months.

III.

The main points to which I want to draw the attention of the Association, and open the discussion, are the following:

1st. The difficulty of the diagnosis at the outset of acute tuberculosis, and its resemblance to typhoid fever amply acknowledged by numerous practitioners.

The general conclusion of most observers, says Smith Shand in the same article, “seems to be, that in acute tuberculosis the more acute the pyrexia, and the more closely it approaches to the remittent type, the greater its resemblance to enteric fever, but that in tuberculosis the temperature wave is less regular and less high, and the remissions greater. The absence of the rose-colored spots is not to be depended on in the diagnosis, as they are certainly not always present in enteric fever.

Professor Bartolomé Robert in a recent lecture before the Medical Faculty of Barcelona, (Spain), *Revista de Ciencias Medicas*, 10th September, 1885, said:

“There is no doubt but that a first stage of uncertainty precedes the most positive manifestations of galloping phthisis, so as to perplex the physician in his diagnosis. In some instances the first symptoms seem to point to a gastric fever, or to one of those fevers which we call now-a-days by the name of infectious fevers. I have seen cases commencing by attacks of intermittent fever, that baffled all anti-periodic treatment. Finally, at the end of a few days the most characteristic signs of pulmonary troubles appear and elucidate the diagnosis.

“Cohnheim and Mans have discovered tubercles in the choroid of patients suffering from acute tuber-

culosis. This symptom is claimed by the gentlemen to be pathognomonic." If so, the use of the ophthalmoscope would be a most valuable means of making the differential diagnosis.

2d. The question now rises : Was the acute tuberculosis in this case primary or secondary ; that is, the result of infection produced by absorption of substances, which have undergone caseous metamorphosis ?

To answer this question properly, an autopsy should have been made in order to have by the histological and microbiological processes the scientific confirmation of my diagnosis. But this not having been done, we have to proceed *a priori*, and say : If we consider that this young woman has been sleeping during many months with a husband who died in the last stage of chronic tuberculosis, we have every reason to suppose that the disease was most probably a secondary affair produced by a germ, which she contracted from the husband, and remained during one year in a latent state, waiting an early opportunity for its development, and this opportunity appeared at the commencement of last summer, when, while in the full enjoyment of her health, she caught a common cold—the consequence was, first, suppression of menstruation ; next, a light bronchitis, soon followed by an acute pyrexia, which probably caused the micro-organism to reproduce itself with such a rapidity and energy as to kill her in the course of two months.

Gentlemen, I do not pretend to advocate here any theory. I only try to give the explanation of the phenomena that I observed in my patient. We may not believe in the contagion of phthisis, but when we meet at the bedside with cases like this, we are compelled to acknowledge that there must be some truth in the parasitic theory of Koch ; and it is our duty, as conscientious and impartial observers, to record the fact for future emergencies. Prof. Robert, speaking of this question in the same lecture to which I have just alluded, says : " Galloping phthisis is the disease which is most adapted to the para-

site doctrine; the rapidity with which the respiratory apparatus is invaded, and the dissemination of tubercles in other organs, seem to favor the hypothesis. Buhl was the first to advance the theory that in every tubercular granulation of a rapid course a caseous focus is formed, which by disintegration causes general infection. Toufich has later discovered in some cases a tuberculosis of the thoracic duct capable of bringing the infection to the subclavian vein. Weigert described a tubercularisation of the large venous branches, and more especially of the pulmonary *venæ*, through which the tubercles are in a more direct way disseminated not only to the respiratory, but to the other organs. Though it has not been proved yet whether in this tubercularisation of the lymphatic and venous vessels cellular conglomeration of tubercles precedes or follows the appearance of the bacillus, it is not repugnant to common sense to believe in the possibility of a microbe being the circulating agent, which brings the disease to the most distant parts of the organism.”

HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

WEBBED FINGERS, ASSOCIATED WITH OTHER CONGENITAL DEFORMITIES.

Service of F. W. PARHAM, M. D., Charity Hospital.
Reported by A. ROCQUET, Resident Student.

Geo. B., æt. 12 years, a native of Louisiana, was admitted into Ward 11, Charity Hospital, November 26, 1886. He had lately contracted a malarial intermittent fever and was suffering of some œdema of the legs, for which especially he had applied for admission. The interest attaching to the case, however, is connected with certain congenital deformities, some of which are depicted in the accompanying cuts. The five digits of each hand were united by thick webs of skin, and the webbing being broad

towards the metacarpal articulations and very narrow at the digital ends, adjacent finger tips touching one another, the fingers were maintained in partial flexion, forming bowl-like palms. The nails were more numerous than the digits, an extra nail being placed just where adjacent fingers touched. The flexion could be voluntarily somewhat increased so as to grasp the handle of a spade or of an axe, and his hands were thus rendered not entirely useless; but the movement of extension of the fingers being very much limited and especially the peculiar and most useful motions of the thumbs being to a great extent lost, the boy was badly crippled.

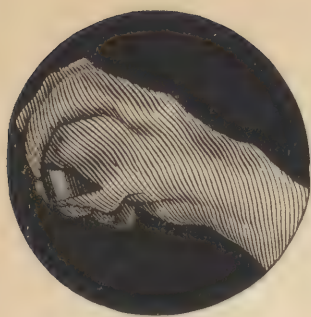
The feet also presented a curious appearance. The right foot showed the markings of seven, and the left of eight, toes, but there were no distinct separations between the toes—there were simply shallow grooves where interdigital spaces ought to have been. The line of nails was almost continuous from the first to the fifth toe, the nails being quite thin in the interdigital grooves. The foot was very much broadened at the end, and thickened.

The superior maxillary bone presented a deformity on its alveolar border, being very much thicker than normal and of irregular shape, giving a very peculiar expression to the face.

The pupils were elliptical in shape; no ophthalmoscopic examination was made.

The testicles were absent from the scrotum, there was a slight hypospadias, with dorsal elongation of the prepuce, and the penis was of diminutive size.

These defects, congenital in origin, had no doubt become more pronounced in the progress of growth; this was especially the case with the hands, the fingers developing in permanent partial flexion, causing permanent curving and deformity of even the bony structures. Notwithstanding this condition of the bones and the shortening of the flexor tendons, which would have seriously interfered with the restoration of extension movements, it was thought that much could be accomplished by freeing the thumbs from





the index-fingers, thus making more ample movements possible, and afterwards freeing the other fingers if the result of the first operation was encouraging. Such a procedure was proposed to the guardians of the boy, but they declined to let anything be done. Having recovered of his malarial trouble, he was taken home.

The case is interesting on account of the number of deformities. The accompanying cuts, kindly drawn for us from life by Mr. Lamb, of the Resident Hospital Corps, will assist in the understanding of the description above given.

A FEW CASES FROM OPHTHALMIC PRACTICE.

Reported by HENRY DICKSON-BRUNS, M. D., New Orleans, La.

ACUTE CIRCUMSCRIBED CYCLITIS. ✓

CASE I.—J. D., white male, native of Liverpool, applied at the clinic June 18, 1883. About a week ago he had a sty on the left eye, which he rubbed and irritated, and the eye became red and painful. He complains of pain under the upper lid of left eye, and there are lachrymation and photophobia, and pronounced ciliary injection, especially marked above. At the upper border of the cornea is a light linear nubecula, not more than $\frac{1}{8}$ inch long, directed vertically. Great sensitiveness to pressure over upper ciliary region. Pupil responds well to light. Except some injection of retrotarsal fold, there is nothing else abnormal to be noted. Ophthalmoscopic examination: fundus normal; a small bundle of opaque nerve fibres run over lower margin of disc. Order atropia sulphate, gr. j. to ʒj ., instilled every hour.

June 23. Injection less; eye not at all sensitive. A narrow, triangular tongue of slight, superficial opacity has appeared upon the cornea. The base of the triangle rests on that part of the corneal limbus bordering the portion of sclera over the ciliary region formerly so sensitive.

June 25. Says that he had a chancre some years ago, but on being questioned gives a history of multiple chancroids. He states, however, that of late his hair has been falling

out and that he has suffered from sore throat. Mercurial inunctions ordered. To-day there is a very small point of redness over outer portion of ciliary body. Complaints of pain in right eye, with some tenderness. Atropia.

June 26. Right pupil fully dilated; no pain or tenderness; injection almost gone. Left eye, strong ciliary injection; pupil of medium size and sensitive to light; pain and great tenderness. Has not used ungt. hydrg. yet. Order it used immediately, with atropia and hot water every hour.

June 29. No change in right eye. Left eye still much injected and sensitive to pressure; pupil more dilated. He says the eye is more comfortable. Atropia and hot water every two hours.

July 2. Media (probably the cornea) of left eye cloudy. Media of right clear.

July 6. Injection of left eye very much less and vision clear. Patient made a good recovery.

CASE 2. J. S., white male, æt. 23, native of France, car driver, applied at clinic June 1st, 1883. Left eye has been bad about a week—began with pain and a burning sensation.

The eye now feels heavy; there is pain all around it; photophobia; lachrymation. V. R. = 20-xxx, L. = 10-cc. Lids somewhat swollen and red; palpebral conjunctiva normal; strong circumcorneal injection of bulbar conjunctiva, deep and superficial, most severe downwards and inwards. Here, about 2 mm. from the corneal limbus, there is a dark bluish patch, about $\frac{1}{8}$ inch wide by $\frac{1}{4}$ inch long, sensitive on deep pressure. Cornea slightly and superficially cloudy over lower and inner half; pupil does not respond to light. Order atropia sulph., gr. j to $\frac{3}{4}$ j, every half hour and bathing with hot water.

June 2. Very dim view of fundus on account of corneal cloudiness; as far as can be seen nothing abnormal. Eye about the same as yesterday, except that pupil $\frac{2}{3}$ dilated, with, apparently, no synechiæ.

June 4. Injection much less. Opacity of cornea can now be seen to be of triangular shape, the base resting on the dark patch above mentioned and the point ending about the centre of the cornea in a small round opacity.

June 6. Injection a great deal less ; cornea clearing.

These cases are of interest because they show clearly that an acute, circumscribed, non-traumatic inflammation of the uveal tract may arise in the ciliary body, to which under prompt treatment it may be confined ; as in the right eye of case 1, and the left eye, the only one affected, of case 2 ; or it may spread, as it probably always does unless arrested by early treatment, to the iris and the choroid (case 1, l. e.), though the latter I have not seen. The peculiar triangular opacity of the cornea is to be noted. It is similar to the opacity observed in cases of scleritis and episcleritis, but I have not observed the triangular shape in these inflammations. In neither of these cases did the disease, apparently, attack the choroid, nor did it lead to the formation of opacities of the vitreous. These cases are typical of several I have seen, but not having made up my mind clearly as to the nature of the condition I took no notes.

AMBLYOPIA FOLLOWING SUDDEN DISCONTINUANCE OF
ACCUSTOMED ALCOHOLIC STIMULANT. ✓

J. F. S., white male, æt. 46, applied at clinic August 11, 1883. He says that he has been in the habit of drinking pretty heavily, but stopped suddenly five days ago. Since then he has suffered a great deal from nervousness and debility, and has noticed that his sight has become very dim. He is sure that his sight was excellent before this. He says central vision is inferior to the peripheral.

V. R. = fingers at $1\frac{1}{2}$ feet, L. = fingers at 4 feet. Nothing abnormal on inspection. Ophthalmoscopic examination: outlines of papilla dim and the vessels engorged and somewhat tortuous in right eye. Nothing abnormal in left. Treatment: Strychnia sulphate, gr. 1-20, hypodermatically.

August 13. Says he feels better. V. R. = 20-c., L. = 20-L.

Aug. 15. V. R. = 20-xL., L. = 20-xx, one letter of.

Aug. 16. V. R. = 20-xxx, L. 20-xxx.

Aug. 18. V. R. and L. = 20-xx, two letters of.

It would seem that in this case the amblyopia was caused by the great depression experienced by the whole nervous system upon the sudden withdrawal of its wonted stimulus, but we must always be cautious about using the laity's *post hoc, propter hoc* logic. Was the strychnia curative in this case, or would it in time have recovered without treatment? I believe the strychnia hastened greatly, if it did not absolutely bring about the cure. This view falls in with our therapeutic theories; it is supported by experience with the hypodermatic use of the drug in cases of tobacco and alcohol amblyopia, and of incipient atrophy of the optic nerves. Witness the following case:

HEMORRHAGIC NEURO-RETINITIS: INCIPIENT ATROPHY
OF OPTIC NERVES.

J. C., white male, æt. 48, applied at the clinic, Nov. 22, 1883. He is a cab-driver. Says his health is good, but his eyes have been failing for three months; vision is very dim; there is no pain; at times slight photophobia. No diathesis or cachexia can be discovered, nor any assignable cause, save the exposure incident to his calling. He is a moderate drinker and an immoderate user of tobacco.

Vision, R.=20-cc, L.=6-cc. Nothing abnormal on inspection. Ophthalmoscopic examination: R. E. Media clear; outline of disc, and the retina in its neighbourhood, hazy; papilla red and covered with many small, much engorged vessels. L. E. Papilla and retina much the same as R. E., but downwards and outwards, where the haziness is more pronounced, there is a narrow, feathery hemorrhage about a disc's breadth long situated over a small vessel. Ordered a purge of calomel and soda, ten grains each.

November 24. Ordered ten grains of potassium iodide in a bitter infusion, three times daily.

December 1. R. E. in same condition as when first seen, except that over a small artery, about three-quarters of a disc's breadth northwest of papilla, is a feathery hemorrhage about half a disc's breadth long. L. E. Not much change except that hemorrhage described Nov. 22d, has almost disappeared. Ordered ungt. hydrg. rubbed on forehead at night.

Dec. 8. V. R.=15-cc., L.=8-cc.

Begin hypodermatic injection of strychnia sulphate, gr. 1-40th increased daily.

May 5, 1884; V. R.,=20-cc, L. 15-cc.

No signs of the neuro-retinitis and hemorrhages remain, but the temporal sides of the discs are bluish white and they are slightly but unmistakably cupped.

May 8; V. R.=15-cc., L.=10-cc. Strychnia increased to gr. 1-30th.

June 3; V. R.=20-c., L.=10-cc. Strychnia increased to gr. 1-24.

August 18; V. R.=20-Lxx, L.=20-cc.

October 22; V. R., 20-Lxx, L.=20-c.

May 22, 1885; V. R.=20-XL, L.=20-xxx, a few letters O. U.=20-xxx, most of the letters. After this the patient never returned. I see him occasionally and he does not notice any dimness of vision. It is interesting to observe that marked improvement did not begin until after May 5, 1884. Although the patient had been receiving injections of strychnia since the preceding 8th of December, the dose had not been increased from gr. 1-40th as I had directed. Experience has convinced me that the way to administer strychnia profitably in these cases is to use it hypodermatically, beginning with a small dose, gr. 1-40th or 1-20th, and pushing it up in the course of two weeks or so to gr. 1-5th or 1-4th, watching for symptoms of poisoning. Small doses are of no benefit, and once, before I had the courage to push the remedy to its physiological effects, I had abandoned it, disappointed and disgusted. The first symptoms of poisoning to appear, in my experience, are a sense of fullness in the head, giddiness, uncertainty of gait and pain in the muscles of the leg.

CORRESPONDENCE.

PARIS LETTER.

(Our Special Correspondent.)

M. Ollivier on Pelada—Paul Berbez on Spontaneous Fractures—Salicylic Acid in Diabetes—Benzoate of Soda with Sulphide of Calcium in Diphtheria—Martin on Cocaine and Caffeine—Cases of Cirrhosis Cured.

PELADA.—M. Ollivier, in the *France Médicale* of the 10th of February, contributes observations concerning pelada. This author is doubtful of the contagious nature of pelada. Facts have proved that this disease has appeared successively among children of one family, placed under similar conditions. Some modern dermatologists are of opinion that pelada originates in the nervous system; one cause may thus exercise its influence upon different members of one family. The pelada microbe has not been discovered, and inoculations have obtained no decided result. The existence of a specific parasite of the disease is problematic. According to certain authors pelada is a trophoneurosis.

M. Ollivier describes the case of a child, who, after experiencing a prolonged sensation of fear, exhibited symptoms of pelada. In twenty-five cases of achromatous or pseudo-porrigo decalvans there was no contagion from husband to wife, or from one child to another. Experimental pelada has been produced in a rabbit by the section of the posterior branch of the cervical nerve, immediately below the ganglion.

M. Ollivier has allowed children affected with pelada to attend the public schools, and has not observed any cases in which the disease has been communicated.

SPONTANEOUS FRACTURES.—M. Paul Berbez, in the *France Médicale* of the 10th of February, describes the case of a girl of 18 affected with atrophic infantile paralysis, whose left arm was broken several times from spontaneous fractures. Several near relations of the patient had been attacked with convulsions, followed by paralysis. At the age of 3 years, the patient's left arm was suddenly paralyzed, it became thin and emaciated, but grew *in length* with the remainder of the patient's body. Atrophy appeared in five or six days. Three years ago, the patient struck her arm. The blow was slight, but the humerus was broken transversely below the surgical neck. Consolidation was effected with the aid of a sling. A few months later, a slight fall caused a fracture of the middle portion of the humerus. Consolidation was rapidly effected. The arm appeared to be solid a few months ago, though paralysis was complete. The affected arm measured six centimetres in circumference. The forearm was more voluminous than the arm. The hand was atrophied, and remained in the position of supination. The first phalanges of the fingers were extended, the others were bent. There was no cutaneous disturbance. The shoulder stump was atrophied, and the patient could scarcely effect any movements in it. Electrification caused a few contractions in the biceps. Massage stimulated muscular excitability. The patient can now bend the fingers slightly, and make some use of her hand.

SALICYLIC ACID IN DIABETES.—*Journal de Médecine de Paris*.—Professor Latham divides diabetes into two kinds, the one arising from nervous derangement of the liver by which the glucose passes unmodified into the blood; the other arising from nervous derangement in the muscles causing glucose to be formed in the tissues. The latter kind is so intimately connected with rheumatism that oxidation produces an abnormal quantity of lactic acid and glucose in the economy. He has also shown that salicylic acid has the power to arrest the formation of these two substances. The first effect of salicylic acid in glycosuria is

to arrest the polyuria and reduce the amount of sugar in the urine. The author gives the following formula:

Salicylic acid.....	8 grms.
Bicarbonate of soda.....	4 “
Carbonate of ammonia.....	4 “
Water.....	30 “

When effervescence ceases, add

Water	360 “
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Three tablespoonfuls three times a day in wine or orange juice.

BENZOATE OF SODA WITH SULPHIDE OF CALCIUM IN DIPHTHERIA. — Many new treatments of this affection have lately been recommended by their authors as improvements on former methods. Among them, M. Delthil's fumigation with oil of turpentine and coal tar; that of MM. Renou and Bouchard with carbolic, salicylic and benzoic acids; M. Moty's treatment with powdered camphor, and M. Bitterlin's antiseptic vapor of a solution of alcohol and carbolic, salicylic and thymic acids. All these, after a few apparent successes, seem to have had their ups and downs. The latest treatment for this disease based upon antiseptic principles is that adopted by Dr. Brondel of Algeria, which, in the hands of the author, has met with constant success. Benzoate of soda forms the basis of this treatment, to which is added sulphide of calcium, either in syrup, mixed or not with carbolic acid, or in granules of one centigramme. At first, a tablespoonful of a potion of 150 grammes, containing 4 to 5 grammes of benzoate of soda, according to the age of the child, is administered every hour; sulphide of calcium is given at the same time as the potion, either in granules or in syrup. Finally a 10 per cent. solution of benzoate of soda is used in spray every half hour, day and night, together with the continuous application of the vapor of carbolic acid and of the oils of eucalyptus and turpentine. This medication is supplemented with a strong diet, composed of beef-tea, eggs and under-done

meat, if the state of the throat permits; by tonic potions of arseniate of strychnine; by quinine, aconitine, or antipyrine; and finally by opening the windows and disinfecting the linen. Under the influence of this treatment, the false membranes become pale, lose their consistency and disappear, leaving the derm cicatrized.

M. Brondel has treated 200 cases in this manner during the last five years, and has not lost a patient.

COCAINE AND CAFFEINE.—*Journal de Médecine*, January 2d, 1887.—Martin on Cocaine and Caffeine. A child, 18 months old, drank the contents of a bottle containing 50 centigrammes of cocaine in 15 grammes of syrup of marsh-mallow, which had been prescribed for teething pains.

Serious symptoms of poisoning occurred. Another doctor was called in, who prescribed syrup of ipecacuanha; there was slight vomiting, after which a diuretic, composed of acetate of ammonia and syrup of roots, was administered as an antidote to the action of the cocaine on the urinary organs. The general symptoms improved, but there remained considerable irritation of the visual organs, which ceased on the patient's taking two spoonfuls of syrup of caffeine. The author asks whether caffeine may be considered as an antidote to cocaine. Dr. Schilling (*American Journal of Pharmacy*) maintains that he has successfully combated the effects of cocaine by means of inhalations of nitrite of amyl.

LEADING ARTICLES.

INTUSSUSCEPTION.

In a discussion before the NEW ORLEANS MEDICAL AND SURGICAL ASSOCIATION, Dr. McShane, the Assistant Demonstrator of Anatomy of the Tulane University, alluded to his having found in several instances multiple intestinal invaginations which were unattended by any symptoms of an inflammatory character.

Reference to the literature of intussusception shows this condition to be by no means an uncommon one in autopsies, especially in the corpses of children, more rarely in adults. Habershon says: "The number of intussuscepted portions also varies much, being sometimes single; but in young persons, and especially infants, it is exceedingly common to find numerous parts so diseased, six to twelve, or even more. Some of them, however, are probably produced immediately before death. There is absence of all symptoms of strangulation, and in the intestine itself no congestion, effusion or ulceration. They are most frequently observed in inflammatory diseases of the brain, or in hydrocephalus."*

Dr. Morris Longstreth exhibited before the Pathological Society of Philadelphia a specimen taken from a patient whose fore-arm had been amputated because of an injury. There were found eight invaginations of the small intestines, all in the upper half. There were no inflammatory lesions, nor other symptoms. The man died of obscure symptoms, though he had had profuse diarrhœa for some time before death.†

Another specimen was exhibited from a child less than fifteen months old. In a portion of small intestine two feet long there were five invaginations, two of them fully an inch and a half in extent. There were no symptoms before death and no evidences of morbid action, such as exudation, adhesions, etc., at the autopsy. ‡

"M. Louis states that the greater number of 300 children dying during dentition at the Salpêtrière had 2, 3 or even 4 volvuli without inflammation." "Burns, as quoted by Gorham, gives the results of autopsies of 50 children who had died of diarrhœa, in every one of which they were found."§

Dr. McShane reported to the ASSOCIATION a case bearing on this subject, where the whole of the small intestines of

* Habershon on the Alimentary Canal, 1859, pp. 259-260.

† Trans. Path. Soc. Phila., Vol. V, 1876, p. 26.

‡ *Ib.*, p. 25.

§ Diseases of Children, Meigs & Pepper, pages 462-463.

a subject was in a state of alternate contraction and dilatation; a foot or so would be in the form of a contracted empty cord, while the succeeding foot or so would be dilated and full of intestinal fluids and gases. There were no evidences of inflammation.

There is no lack of testimony to such phenomena as just detailed, but the explanations of the cause of the invaginations are quite varied. As noted above, Habershon thinks they are due to perverted nervous action, attendant upon cerebral or spinal disorders; while others, on the contrary, attribute them to an irritability of the intestines brought about by disease of the intestines themselves. Rokitsansky says: "It is the result of an unequal irritability of the intestine, and the consequent irregularity of its movements, and it is therefore frequent in diseases characterized by torpor of the cerebro-spinal system, and in the mortal agony proceeding from them; whereas it rarely or never occurs in diseases accompanied by, or ending with, abdominal paralysis, such as cholera, typhus, general peritonitis, etc."*

The usual, perhaps the only, seat of these invaginations is the small intestines, and they are usually downward, but the author last quoted says they are to be found either downward or upward, or in both directions in the same subject.

In this connection it is interesting to mention that Dr. Matas, the Demonstrator of Anatomy, stated that he had been able in two out of the four subjects upon which he had experimented, to force liquids back from the colon into the ileum through the ileo-cæcal valve. In all cases the intestines were left *in situ*.

Dr. McShane in the course of some twenty demonstrations of the intestines, found that water could be made to pass the ileo-cæcal valve in about one-fifth of the cases, when the colon attached to a portion of the small intestine was removed and held over the faucet. In a proportion

* Rokitsansky's Pathological Anatomy, Vol. II., p. 53.

of these instances, however, the valves were found to be eroded by tubercles, or otherwise diseased.

It is the commonly held opinion that this valve offers an insurmountable barrier to the passage of fluids or gases from the colon to the ileum. So strong is this belief that the great majority of writers on intestinal obstruction say positively that injections are of no avail if the diseased portion is out of the large intestines. It is a well known fact that the upper and lower lips of the ileo-cæcal valve contain only circular fibres, the longitudinal fibres of the colon passing over the valve to the cæcum. These circular fibres are in effect a sphincter and assist materially in closing the aperture. Indeed, the longitudinal fibres of the colon, which pass behind the valve, by contracting, would tend further to support it. It may be that the absence of muscular action explains the success of Dr. Matas in the two instances which he reported.

It is true that Dr. Cheadle reports almost uniform success in intussusception by gaseous inflation, and that this method is now generally advocated, but the frequent existence of the invagination at the ileo-cæcal valve must be taken into account, and especially Dr. C.'s advice, always to use chloroform to relax spasm; perhaps chloroform assists by relaxing contractions of the ileo-cæcal sphincter.

THE ANNUAL MEETING OF THE STATE MEDICAL SOCIETY.

There is nothing wanting to make the next meeting of the Louisiana State Medical Society, to be held at Alexandria, on the 11th of April next, by all odds the most successful in the history of the organization, save a large attendance and the display of a little interest in the proceedings; an interest apparently so natural, that its manifestation could hardly be reckoned a credit to the profession of our State, while its failure must needs be accounted a shame. In the last few years the profession of the States around about us—Alabama, Mississippi, and

especially Texas,—have succeeded in making the annual meetings of their medical societies events of great importance. Medical men who have known one another by correspondence or by name only for years, meet face to face, and pleasant acquaintance is formed or renewed; the old are invigorated; the young, instructed; the slothful, stimulated; the faint, cheered. Important questions are discussed, iron sharpeneth iron; each man goes away with a warm feeling of good-fellowship, a sense of mental exhilaration and a desire to be up and doing, that are a surprise to himself. Who that has been present at one of our poor meetings even, has not experienced this? How much more lively must be the sensation of these wholesome emotions awakened by attendance upon a gathering of a sort known to us only by reading the transactions of other State medical societies.

Texas is an empire; the distances to be crossed by the majority of men making towards a given point within her boundaries are immense, and yet the attendants at the annual meetings of her Medical Association are numbered by hundreds; we would boast a throng if the number touched one hundred; the volume of Transactions issued by the Texas Association last year has been hailed everywhere as a work of merit, a real contribution to the literature of our art; the one or two able papers contained in our own cannot be said to have redeemed the code-and-constitution-padded pamphlet from the appearance of a strenuous but abortive effort. Have our readers seen the report of the Committee on Surgery of the Texas Association, issued in a separate volume as an appendix to the fine volume of Transactions already mentioned? If not, they have been spared a jealous mortification to which we own ourselves no strangers. It is a work for a whole State to be proud of, and contains possibly more meat than any publication ever put forth by a body of Southern professional men.

Heretofore the excuse for absence from our meetings has been that nothing was offered to tempt one to make the necessary expenditure of time and endure the discomforts

of a journey, but this year the plea will be cut from under the feet of the pleaders. The arrangements for the meeting have been perfected as they never were before, and the material for an excellent programme is already in the hands of the Committee on Arrangements. The meeting will be opened by an address from Judge Blackman of Rapides, an orator of distinguished reputation, who, doubtless, will not fail to put forth his best efforts on the occasion. The Committee on the Constitution, we are informed, will report to the Society a very compact instrument, a form, it has always seemed to us, indispensable for good work in the future, and the Committee on Scientific Reports and Essays, profiting by the experience of last year, has, in spite of disheartening indifference, succeeded in calling out a larger number of papers than has ever before been offered at a session of the Society.

Below we give the list as reported to us by Dr. I. J. Newton, Jr., Chairman of the Committee. Look over it, and say if it will not be to our shame if we do not have a large, interesting and useful meeting at Alexandria this April.

LIST OF PAPERS TO BE READ BEFORE THE LOUISIANA
STATE MEDICAL SOCIETY, AT ALEXANDRIA,
LA., APRIL 11, 1887.

Asiatic Cholera as it Occurred in my Practice in the Parish of Concordia, La., in 1849—Dr. D. R. Fox, Plaquemine Par. Intermittent Neuralgia and its Great Frequency in the Parish of Plaquemine, with Typical Cases Reported—Dr. D. R. Fox, Plaquemine Par. Notes on Some of the Uses of Antipyrin—Dr. L. A. Burgess, New Iberia. Hemorrhagic Malarial Fever—Dr. T. C. Griffin, Cloutierville. Electricity in the Service of Medicine—Dr. M. Schuppert, New Orleans. Typhylitis—Dr. J. T. Hamblet, Abbeville. The Surgical Treatment of Abscess of the Liver—Dr. Thos. Hébert, New Iberia. Treatment of Wounds of the Large Surgical Veins—Prof. Edmond Souchon, New Orleans. Reflex Neuralgias—Dr. A. G.

Friedrichs, New Orleans. Fracture of the Tibia, with Laceration of Muscles of Left Leg—Dr. Wm. B. Powell, Natchitoches. Anti-Antiseptics in Surgery—Dr. C. D. Owen, Eola. Cranio-Cerebral Topography as Simplified by Yarini's Method—Dr. Rudolf Matas, New Orleans. Substitute for Iodoform—Dr. Chas. Chassaignac, New Orleans. Salient Points in which Eye and Ear Diseases can either Help or Mislead the General Practitioner—Dr. Wm. C. Ayres, New Orleans. Abscess of one of the Follicles of the Ovary—Dr. Wm. B. Powell, Natchitoches. The Importance of Bleeding in Puerperal Convulsions and Report of Cases Occurring in my Practice during the Last Forty Years—Dr. D. R. Fox, Plaquemine Par. Puerperal Eclampsia—Dr. C. J. Edwards, Abbeville. Report of Two Cases of Hyperæsthesia of Ostium Vaginæ—Dr. W. D. White, Abbeville.

THE CHOLERA.

Step by step the cholera is creeping through South America, gathering force as it marches. Beginning in Buenos Ayres, by the latter part of December it had crossed the Argentine Republic and gained foothold in Chili. A telegram from Panama, dated March 9th,* tells us of its ravages in that State, and we may catch a hint of their extent from the fact that it has already been proposed that "the nation concede a pension to the families of all who may die attending cholera patients." The same authority informs us that the peoples of the Isthmus are growing alarmed, and that vessels from Uruguay, the Argentine Republic, Chili and Peru are not allowed to enter the ports of Nicaragua, Honduras or Panama. These are serious signs, and matters of import to other cities than New Orleans, and other States besides Louisiana. For should the plague reach the Isthmus and Mexico, there will be small hope of this city escaping, and the flood-gates of New Orleans once passed, the Mississippi Valley, and indeed the whole country, may be inundated with disease be-

* Daily Picayune, March 19.

fore there is time to realize the danger. In the meantime the great Southern city is lying flat out on its mud-bank, listlessly watching the advance of the scourge. Her citizens are doing nothing to put their house in order. The Auxiliary Sanitary Association is without money. The City Council in the same breath gives \$11,000 to maintain a small-pox hospital! and refuses to vote a penny towards the expenses of running the flushing pumps, our first infantile steps in the direction of municipal sanitation. The Howard Association has dwindled to a spark, while our chapter of the Red Cross Association is practically lifeless.

It is true that our river mouth is guarded by the best quarantine system we have ever known, but it must be borne in mind that this is as yet an experiment only; an experiment so far successful, but till now never put to a crucial test, and that the quarantines of the world have failed to bar the path of cholera.

But with Gallic lightness we still squander to-day the resources which should secure the morrow, and to-morrow—to-morrow, who knows, we may be cursing Fate and mourning our dead.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE,

DIET IN FEVERS.

The *Therapeutic Gazette* contains an interesting paper on the theory of alimentation in febrile maladies by Dujardin-Beaumetz. The following is the substance of his remarks:

The condition of a patient with fever is about this:

1st. The gastric juice is diminished in quantity and altered in quality.

2nd. The entire lymphatic system—mesenteric glands, lacteals, etc.—is so affected that absorption of emulsified fats and peptonized albuminoids is almost completely checked. Drinks only can enter the system through the radicles of the portal vein.

3rd. Whatever may be the true theory of fever, it is certain that as a result of its presence the products of disintegration accumulate in the blood. The various emunctories, the skin, kidneys, lungs, etc., fail to throw them off, and the result is that extractive matter to the extent of 7 to 9 per cent. may, and does, accumulate in the blood. The *periods of discharge* of these products are the "crises" of fevers.

4th. In addition to these disintegration products ptomaines, due to septic processes in the alimentary canal, and leucomaines, or micro-organisms or bacilli, also exist in the blood and play their part in the drama.

5th. Finally, in fevers, especially typhoid fever, Albert Robin has shown that the daily losses of potassium, sulphuric acid, chloride of sodium and phosphoric acid amount to a true *mineral inanition*.

With these principles as a guide, alimentation should be simple, though none the less important. In 1000 parts broth contains of the *soluble* salts just mentioned nearly 17 parts. Milk serves a like good purpose, and also partly because of its salts. What becomes of its albuminoid ingredients, is at present unknown, but they seem harmless. In addition to their salts, both these foods contain the all important substance water, which besides repairing losses, as do the former, promote elimination of the extractive matters spoken of above. For this reason ptisans, especially lemonade, should be given freely.

As to alcohol he says: "It is in fevers of an adynamic type, in the extreme periods of life (infancy and old age) and in patients of intemperate habits that we find the three great indications for the use of alcohol in febrile maladies." He says further that its usefulness is due to the fact that it "acts at once as a food, as a tonic and as an antithermic." "I believe alcohol to be a food, and claim that it undergoes a more or less complete combustion in the organism; but this combustion takes place at the expense of the oxygen of the blood. On this account alcohol retards the organic combustions and lowers the temperature; in fact, as Marveaud has maintained, it is a waste-restraining aliment. But it acts also unchanged on the nerve-centres, to which it communicates elements of strength and tonicity, and is a force-producer, as Gubler regarded it."

He sums up then as follows:

"Diet in febrile maladies, and in particular in typhoid fever, ought to consist of liquid substances, containing

besides the water of their composition, certain saline ingredients, tonic principles, and a very small percentage of albuminoid principles.

DIAGNOSIS OF CANCER OF STOMACH.

M. Debove has found in testing the contents of the stomach during digestion that in all non-cancerous states there was free hydrochloric acid, while in cancerous cases this acid was absent and lactic acid took its place. He does not state this to be an invariable rule.—*Gazette Heb.*

ANTISEPTIC TREATMENT OF SUMMER DIARRHŒA.

Dr. L. Emmett Holt in a very rare paper on this subject in the *New York Medical Journal*, concludes as follows:

1. Summer diarrhœa is not to be regarded as a disease depending upon a single morbid agent.
2. The remote causes are many, and include heat, mode of feeding, surroundings, dentition and many other factors.
3. The immediate cause is the putrefactive changes which take place in the stomach and bowels in food not digested, which changes are often begun outside the body.
4. These products may act as systematic poisons, or the particles may cause local irritation and inflammation of the intestines.
5. The diarrhœal discharges, *at the outset* at least, are to be looked upon as salutary.
6. The routine use of opium and astringents in these cases is not only useless, but, in the beginning particularly, may do positive harm, since, by checking peristalsis, opium stops elimination and increases decomposition.
7. Opium is not undervalued in many other forms of diarrhœa than the one under discussion.
8. Evacuants are to be considered an essential part of the antiseptic treatment.
9. Experience thus far bids us regard naphthalin and the salts of salicylic acid as the most valuable antiseptics for the intestinal tract.

The salicylate of sodium he gives in solution in doses of from one to three grains every two hours, according to the age of the child. Naphthalin is administered, rubbed up with sugar, in doses of from one to five grains. He has also used resorcin (gr. $\frac{1}{2}$, gr. ij.) and bichloride of mercury (gr. i.120, gr. i.100) but the former is disagreeably bitter and the latter has produced vomiting.

CHRONIC CONSTIPATION IN CHILDREN.

There are many different factors concerned in the production of constipation, which act in varying degrees in different cases. 1. Deficient fluid in the intestinal canal caused by deficient supply in food, excessive waste or deficient secretion. 2. Deficient peristalsis, especially of large intestines, from defects in diet, or from atony due to over stimulation by purgatives or to degeneration of the muscular coat. 3. Inhibitory influences of brain and cord, affecting peristalsis and secretion. 4. Deficient exercise. 5. Dilatation of intestines, especially colon, due to debility of intestines, dilatation by accumulated fæces, gaseous distension, repeated enemata, or laxness of abdominal walls.

The proper treatment is as follows: See that no malformation or intussusception exists or any sore to render defecation painful. Give saline laxatives to cause increased flow, increased peristalsis and to relieve distension and restore tone. Strychnia, nux vomica, belladonna and iron assist in giving tone. In little children up to two years old simple carbonate of magnesia in milk is sufficient (5 to 20 grains). In older children the sulphates of magnesia and soda, with the tonics just named, and daily massage with castor oil or cod-liver oil are most useful. In older children still a pill of aloes or eunonym, with sulphate of iron and nux vomica, may be given as an alternative to the salts and strychnia, but no rhubarb or scammony or podophyllin or jalap (these are for temporary difficulty only); in mild cases, perhaps, or if the liver is not acting, a dose of calomel, grey powder, and soda or senna. Regimen is important; abundant pure water, not hard water. In little children add a good infant's food to milk; fruits; fruit jellies; treacle; cooked green vegetables of the softer and more delicate kinds. Variety is also useful. Coarse food is not good in the long run; it causes atony by over-stimulation. Regular evacuations must be insisted upon. See also that stools are not hard, else the child will resist action. Besides these there should be an abundance of fresh air and exercise, this latter acting mechanically, and both giving tone to the general health. — Dr. W. B. Cheadle, in *London Lancet*.

ACTION OF BITTERS.

From experiments performed recently in St. Petersburg, Prof. Botkin asserts:

1. That bitters diminish the digestive power, and retard digestion; they diminish the quantity of peptones.

2. That bitters diminish the secretion of the gastric juice. If they produce a feeling of hunger, it is only by irritating the gastric mucous membrane.

3. Bitters have no influence upon the secretion of the pancreatic juice or the bile.

4. Bitters not only do not diminish, but actually promote fermentation in the contents of the stomach.

Conclusion. The bitters are not of any use in the treatment of disorders of digestion. — *L'Union Médicale du Canada*.

CAUTION IN USING CHLORAL AND BROMIDE OF POTASSIUM.

Dr. Martel, in the *Journal de Médecine*, calls attention to the fact that in mixtures of chloral and bromide of potassium, the chloral always floats on top; and if the bottle be not shaken, a large dose of chloral will be given, and a very small dose of the bromide. It is well always to agitate the bottle thoroughly before using. — *El Dictamen*.

A METHOD FOR DETERMINING ACIDITY OF URINE.

Dr. J. Michaux, in *Practice*, as a practical method of determining the acidity of the urine in cases of rheumatism, makes use of the officinal liquor potassæ. He adds the alkali *guttatim* to an ounce of the urine to be treated, and expresses the degree of acidity by the number of drops required to neutralize the specimen: e. g., "Sample 1; no sugar, no albumen, sp. gr. 1020, acidity 64." During the process the urine must be tested frequently with blue litmus paper until no discoloration ensues.

SURGERY.

PNEUMONOTOMY.

It is possible that cavities in the lung may come to be regarded as amenable to the same kind of surgical treatment as is regularly practised for empyema. The account of an interesting case of pneumonotomy was read before the *Académie de Médecine* by M.M. de Bearmann and Pengrueber. The patient was a child, aged twelve years, who had the physical signs of a large cavity situated in the middle of the right lung. The sputa were abundant and fetid, be

ing expectorated five and six times a day during paroxysms of coughing. A large U-shaped incision was made at the level of the sixth rib, below the angle of the scapula. The periosteum was stripped off this rib, and some five centimetres of the rib resected. The thermo-cautery was next passed into the lung, so as to open the cavity, which was judged to be immediately adjacent to the region of the incision, and just above the level of the seventh rib. At the depth of about one inch the cavity was entered and much fetid matter escaped. The incision was then enlarged, so that the finger could be passed freely into the cavity. A drainage-tube was inserted, and the wound sutured and dressed with iodoform. Very little blood was lost. The wound progressed satisfactorily, and had nearly healed at the end of three weeks. — *London Lancet*.

PNUMOTOMY BY THIRIAR.

In the *Bulletin de l'Académie Royale de Médecine de Belgique*, Thiriard relates at length a case of empyema communicating with a cavity in the lung, arising from gangrene. An incision was made in the eighth left intercostal space to relieve the empyema; a very small quantity of pus escaped, notwithstanding that all pleuritic adhesions within the reach of a sound were broken up. This slight operation relieved the patient for eight days, at the end of which period the cavity closed, the temperature again rose, and the general condition became bad. The patient again expectorated pus, but in smaller amounts than before. A more radical operation became necessary. The patient was put under chloroform, lying on his right side. The region to be operated upon was carefully washed and disinfected. A long incision was made in the shape of the letter L reversed (J). The horizontal branch of the incision followed the direction of the eighth intercostal space, and was more than six inches in length; the vertical branch, almost parallel with the vertebral column, measured nearly five inches, and was distant about three fingers' breadth from the vertebral column. He dissected up this whole flap, and exposed the ribs; he tried to restrain hemorrhage as much as possible. Then he rapidly excised portions of the ribs, as follows: seven centimeters of the fifth rib; nine and a half of the sixth rib; eight of the seventh rib; five of the eighth rib. The sub-periosteal resection was commenced on the seventh rib; and, as usual, the first rib resected gave some trouble, while the

others were resected quite easily. A large fenestra was thus made, exposing to view the costa pleura, which was intimately united with the pulmonary pleura; it puffed out and sank in with each respiration. By means of a thermocautery, raised to a dull red heat, a transverse incision, six centimeters long, was made at the lower part of the fenestra, and then a vertical incision, four or five centimeters long, meeting the posterior extremity of the horizontal incision. These incisions, more than two centimeters deep, were made slowly and methodically, by a succession of small strokes. The lung-tissue did not cut very easily; it was as though compressed but healthy, and not containing any cheesy deposits. A large cavity was entered, whence escaped a very small amount of pus mixed with mephitic air (the patient had emptied the cavity by expectoration, shortly before the operation). The cavity was large enough to hold a small sized orange. It was washed out with a solution of bichloride of mercury (1 to 1000). Two large drainage-tubes were placed in the lower part of the wound, and the skin was then sutured. The patient progressed well, except for one or two days, when the drainage-tubes became blocked up with sloughs. As the patient became stronger, he took inhalations of compressed air. In a few weeks he grew fat, and was discharged from the hospital cured.

Microscopic examinations of the sputa showed the presence of the bacteria of pus and gangrene of the lung.

Two weeks after this operation, Pengrueber, of Paris, performed the operation upon a girl of 12 years, under nearly the same circumstances; but this patient died shortly after. (See above.)

THE GONOCOCCUS AND ROUX'S METHOD OF CONFIRMING ITS IDENTITY.

In the *Journal of Cutaneous and Genito-Urinary Diseases*, Vol. V., March, 1887, Dr. Charles W. Allan (Surgeon to the Charity Hospital, New York), has written an article styled, *Practical Observations on the Gonococcus and Roux's Method of Confirming its Identity*, and has propounded the question: "Does a micro-organism peculiar to gonorrhœa exist, and can we recognize it with certainty in all cases?"

The question is one of great importance, for various reasons; however, it is one which the observations of Dr. A. seem to answer in the affirmative.

After referring to the results of Hallier (1869) and Salisbury (1873), he passes to those of Neisser of Breslau (1879), and the confirmation of the latter by such men as Bokai, Bockhart, Wolf, Welander, Sternberg, Keyser, Zeissl, Bumm, etc.

Drs. Allan and Wendt examined the pus from gonorrhœa, purulent ophthalmia, vaginal discharges, and a great variety of pus from the pus-forming diseases, and conclude that in every case of acute and active gonorrhœa, where pus was taken directly from the urethra, the gonococcus was found in one or more of its stages of life. In these cases, as a rule, no other forms of bacteria were present.

They conclude that the morphological appearances of the cocci first described by Neisser as characteristic, were not of themselves sufficient. In many cases of pus-forming disease, in no way connected with gonorrhœa, micrococci were found having all the features of the gonococcus, except that the groups were not in the pus cells, as they must be in gonorrhœal pus, to be characteristic.

If Roux's method is followed, we have in it a certain way of detecting the gonococcus, and making a positive diagnosis of gonorrhœa. His method is based on the fact that Gram's staining process is not applicable to gonorrhœal pus. Gram's method consists in coloring the dried specimen with methyl blue or gentian violet, then fixing the color on the micro-organism with iodo-iodide of potassium fluid, next decolorizing with absolute alcohol.

After washing with distilled water, Roux recolors with rosin. This procedure, which is applicable to other pus and secretions, is not so to the pus of gonorrhœa, giving constantly negative results.

Gram's fluid does not fix the color on the gonococcus, and when subjected to the action of alcohol the gonococci are decolorized at the same time with the anatomical elements, and are scarcely recognized under the microscope, while ordinary micrococci persist.

It is always possible in doubtful cases to determine the true nature of the cocci by first staining with gentian violet, fixing by Gram's fluid, examining, then treating with alcohol and re-examining. If, in a given specimen, there is an absolute disappearance of the cocci which have been previously observed, they are surely those of Neisser, the *gonococcus*. If, on the contrary, they persist and retain their violet color, there is reason to doubt the blennorrhagic nature of the affection from which the pus was derived. Dr. Allan's

method is: A drop of pus is spread into a thin layer, by pressing between two glass sides, and allowed to dry in the air; a drop of a solution of methyl-blue in aniline water is now placed upon it for a moment and washed off with a stream from a wash bottle; a few drops of Gram's iodo-iodide fluid is then poured on and allowed to remain for several minutes. This fixes the color on micro-organisms in general. Gram's fluid is now washed off, and while the specimen is still wet, a cover glass is placed upon it, and it is examined with an oil-immersion lens. If micro-organisms resembling the gonococcus are found, he proceeds to test by decolorization. The cover-glass is removed, and the specimen treated with absolute alcohol until the color is as completely removed as possible. The cover-glass is replaced, and the specimen again examined, when all gonococci will be found to have disappeared. All other organisms which may have been present, however, will still be distinctly seen.

Dr. Allan concludes that there can be no gonorrhœa without gonococci, and that although in some cases confirmatory test is required, we have such test at our command.

TRAUMATIC TETANUS TREATED SUCCESSFULLY BY SUBCUTANEOUS MORPHINE INJECTIONS.

Mr. Murison reports in the *Lancet* of Jan. 22 a successful case of traumatic tetanus. The case was a severe one following a painful injury to the knee joint. For three days 30 grains of chloral hydrate and 20 grains bromide of potassium were given every four hours, and for three days more, cannabis indica, with nitrite amyl inhalations every four hours, and chloroform anæsthesia twice a day. Neither plan of treatment produced the slightest beneficial effect; indeed, the case went on from bad to worse. He then resorted to morphine to produce sleep. One grain and a half of morphine in the muscles of the right thigh was followed in half an hour by dozing, which lasted about two hours. Awaking, the patient begged for more to relieve the severe pain, which had returned. All other medicine was now discontinued. The morphine was continued subcutaneously for *four* days, *one* grain every four hours; for the next *two* days, every six hours; for two days, every eight hours, then gradually diminished in frequency, until at the end of the third week, *one* grain was injected at night only, with an occasional half grain during the day; during the

fourth week, only half grain at night, and during the fifth week only half grain every other night. At the end of the sixth week, patient was out of bed and able to do without the morphia. The nourishment during his six weeks' illness consisted of concentrated beef tea, milk, switched eggs, soups, wine and brandy.

RADICAL CURE OF INGUINAL AND UMBILICAL HERNIÆ BY
LIGATURE AND INCISION OF SAC.

Three cases of Mr. Sidney Jones, operated on at St. Thomas Hospital in the latter part of 1886, are reported in the *Lancet* of Jan. 8.

In these three cases, one inguinal, the others umbilical, Mr. Jones ligatured the neck of the sac and excised all outside the ligature. The cases all recovered and the cure was radical. In umbilical herniæ he recommends removal of the contained omentum, ligature of its stump, which is to be returned; he then dissects away the sac, ligatures the neck, returns it and sutures the umbilical opening and skin separately, after removal of redundant skin. The ligature of the sac not only makes a radical cure more certain, but during the healing of the wound closes the peritoneal cavity against contamination by blood and pus from the wound. It is to be especially commended in the umbilical variety of hernia.

GYNÆCOLOGY, PEDIATRICS, ETC.

INFANT FEEDING.

Dr. J. Lewis Smith, in an article entitled "Summer Diarrhœa of Infants" in the *Archives of Pediatrics* gives the following rules for the dilution of cow's milk according to the age of the infant.

"Water employed for this purpose, whether plain, or in the form of a light gruel, should always be boiled to destroy any micro-organisms or deleterious organic substances, which it may contain. The following is, I believe, nearly a correct schedule for the amount of dilution required: Infants from birth until the close of the third week require one part of milk and three of water; from the third week to the sixth week one part of milk to two of water;

from the sixth week to the third month two parts of milk to three parts of water; at the third month half milk and half water; at four and a half months three parts of milk and two parts of water; at six months three parts of milk and one part of water. After the age of six months one quarter part of water may still be added. As cow's milk gives an acid reaction, I recommend the addition of two or three teaspoonfuls of lime water to the milk required at each feeding, in order to neutralize the acid or produce a slight alkalinity. A little salt added perhaps promotes digestion."

Should it be desired to add some farinaceous substance to the water a flour-ball may be prepared as follows:

"If from five to ten pounds of the best wheat flour be packed in a bag of firm texture, so as to form a ball, and tied with a strong cord that water may be excluded, and boiled with the water constantly covering it, from four to seven days, a portion of the starch will be converted into dextrine, whether or not glucose be produced. It is not necessary that the water should be constantly boiled, provided that it remain hot or warm. The fire may go out at night. The prolonged action of heat produces the change in the starch similar to that effected by the diastase of malt, or the pancreatic secretion. The flour removed from the bag and deprived of its external covering, which is wet, resembles a piece of chalk, but it has a yellowish tinge, caused by the dextrine. It should be kept in a dry place, and the flour should be grated from it as it is required. The infant will be better nourished if instead of diluting the milk with plain water, a thin gruel prepared by boiling this flour a few minutes in water be employed with the milk. Two heaped teaspoonfuls of the flour to a pint of water suffices for infants under the age of three months, three teaspoonfuls for infants between the ages of three and six months, and four teaspoonfuls after the age of six months. The proportion of gruel to the milk should be the same as stated above when pure water is used."

"The following is another mode of affecting a change in starch, which involves little expense and is immediate: A gruel is prepared of barley or other flour of the consistence needed, and when it has cooled to a blood heat, a small quantity of the diastase of malt is added. It appears that the dry extracts of malt do not contain the diastatic

principle sufficiently to serve the purpose of digesting the starch. The liquid extracts, as Reed and Carnrick's, or Trömmer's, should be employed, and the quantity of the extract required is so small and involves so little expense, that it can be used by the poorest family. If four teaspoonfuls of barley flour be added to one pint of water, boiled ten minutes with constant stirring, and then cooled to a blood heat, it becomes thick like paste. If now a half or third of a teaspoonful of the malt be added, it becomes immediately thin, so that it easily passes through the tip of the nursing bottle. The starch is changed into a more soluble form, and is more easily digested, even if it had not reached the stage of conversion into dextrine and glucose. The gruel thus prepared should be mixed with an equal quantity of milk for an infant of six months. Half as much flour and half as much malt will suffice for an infant of three months.

SEBACEOUS HYPER-SECRETIONS OF THE VULVA, ACCOMPANIED BY PRURITUS.

Hypertrophy and hypersecretion of the sebaceous follicles of the vulva are often accompanied by pruritus, and it is to be concluded that the sebaceous secretion provokes not so much by its presence, as by its chemical alteration and rancidity, that insupportable itching to which stout women are predisposed. In this particular condition cleanliness and the use of very hot water in bathing is insufficient; lotions of chloral, of the liquor of Van Swieten, cauterization with nitrate of silver, which succeed in many cases, fail in as many more. Dr. P. Ménière advises the employment of substances whose chemical action will be to saponify this sebaceous matter, as it is secreted from the vulva.

Green soap has given the best results in his hands. It is employed either pure or mixed with a convenient diluent in cases where the skin has become exfoliated or fissured so as not to allow of its use pure.

The following is a good formula:

R Vaseline or clarified honey..... \mathfrak{z} i.
 Green soap..... \mathfrak{z} ss.
 Essence of bitter almonds.....gtt. iii.

M. et S. Apply morning and evening to the vulva, after two minutes rub and wash with very warm water.

Another favorite formula of Dr. Mérière is as follows:

R Carbonate of potash..... \mathfrak{z} ss.
 Alcohol..... \mathfrak{z} ijss.
 Glycerine..... \mathfrak{z} v.
 Cherry laurel water *ad*..... \mathfrak{z} iv.

M. et S. Apply with a brush or a small sponge and at the end of fifteen minutes wash with warm water.

Among the labouring classes a prescription simply of one-third to one-fourth green soap in water will answer the purpose.

In the most rebellious cases, if the above means prove insufficient, it is necessary to act upon the secreting organ, namely the follicle itself, and this can only be reached with oily and caustic solutions, such as the following:

R Castor oil..... \mathfrak{z} ijss.
 Biniodide of mercury.....gr. iv.

M. Digest for 24 hours at a temperature of 212° F. (It is only under such conditions that the salts of mercury are dissolved in oil.)

The application of this oil is not painful at first, but at the end of a few days it gives rise to an inflammatory reaction which it is necessary to watch and control by means of emollients should it surpass certain limits.

By this means, severe perhaps, but at times necessary, Dr. Mérière has succeeded in curing cases of this form of pruritus which had resisted for years many remedies recommended in a disease which is as rebellious as it is frequent. *Gazette de Gynécologie*, February 1st, 1887.

OPHTHALMOLOGY, LARYNGOLOGY, ETC.

PARALYSIS OF THE DILATORS OF THE GLOTTIS AS AN INITIAL SYMPTOM OF TABES DORSALIS.—

(A. WEIL, HEIDELBERG.)

The patient to the laryngoscope showed the cords touching in the median line. The glottis opened two or three millimetres in expiration and was linear during inspiration. A year ago, after running, he had had an attack of dyspnoea, with croupy inspiration, and since this had persisted whenever breathing was accelerated from any cause. The voice remains normal. This was, as far as could be ascertained, the first symptom of tabes, which has since developed. The patient had syphilis three years before. The

author insists that in certain cases of paralysis of the arytenoid muscles without satisfactory etiology, we may suspect the beginning of tabes dorsalis.—(*Annales des Maladies de l'Oreille, du Larynx, etc.*, Paris, February, 1887.)

OPHTHALMIA NEONATORUM.

In a paper on ophthalmia neonatorum published in the *Pittsburgh Med. Review*, Dr. J. W. Heustis, of that city, recommends that a solution of 2 grains of zinc (sulphate?) and 4 to 6 grains of alum to the ounce of water be given to the mother to be dropped into the eye every two or three hours, and Dr. Calhoun, of Atlanta, *Atlanta Medical and Surgical Journal* for February, p. 21, advises the same remedy. This is bad counsel. Alum, it is well known, possesses the property of dissolving the corneal cement, and should an incipient ulcer of the cornea exist, the wash above mentioned might lead to most deplorable results. It is often difficult for an expert to determine in these cases whether the cornea has been attacked or not, and while this question is in doubt no solution should be dropped into the eyes. If seen early the application for the first day or so of iced compresses together with the daily application by the physician of a five grain to the ounce solution of silver nitrate to the everted lids, the solution being immediately and freely washed away, is all that is necessary. After the first four or five days the strength of the silver solution should be increased to ten grains, and the mother may be given a saturated borax solution with which to wash off the eyes. All pus must be carefully removed as soon as it gathers, and the eyes gently opened and the lids moved about every ten or fifteen minutes, to facilitate its escape. These measures exactly observed will in the vast majority of cases result in perfect cure.

HYPOPYON KERATITIS TREATED BY BICHLORIDE BATHS.

Dr. Gillet de Grandmont (*Recueil d'Ophtalmologie*) urges the treatment of hypopyon, reaper's, or infectious keratitis, by means of baths of mercuric chloride of a strength of 1 to 2000. A case having presented itself, he at once splits the cornea across with a Græfe's knife (Sæmisch), evacuates the pus, extracts the semi-solid material from the anterior chamber with a curved forceps which has been kept in a 1 to 2000 solution of mercuric iodide, and washes out the anterior chamber with the same

solution by means of an Anel's syringe with a curved nozzle. The bichloride will not answer for this purpose on account of its property of clotting pus. Baths of bichloride of 1 to 2000, applied by means of a reservoir eye-cup every two hours, are now prescribed. By the end of five minutes the application becomes intolerable. It is repeated in an hour. As suppuration diminishes, the intervals between the baths must be lengthened, and at the same time the irritation produced generally warns us that the strength of the solution should be weakened (1 to 3000). With lengthening intervals, the baths are continued until cicatrization is complete. The Doctor declares most positively that under this treatment, even in the worst cases, the destroyed portions of the cornea are replaced, the entangled portion of the iris (prolapse) flattens and withdraws from the wound, the anterior chamber is restored, staphyloma is reduced, and finally, after many months, the cornea clears from the periphery. A small iridectomy is made as soon as possible, a larger one for visual purposes being made later if necessary. It is premised that the iris is not to be pricked or cut away, and no caustic is to be applied.

CHLORAL AS A CAUSE OF INFLAMMATION OF THE EYES.

In the January number of the *Alabama Med. and Surg. Journal*, Dr. Wm. Cheatham reports two cases of eye disease in which the use of chloral produced severe photophobia. Dr. C. thinks that the keratitis and choroiditis are due, in part at any rate, to the use of the chloral. He says that he has seen several people in whom one dose of fifteen grains would produce marked hyperæmia of the conjunctiva with photophobia. This point should be looked up. We should be glad to hear from any of our friends who have observed congestion of the eyes with dread of light after the use of chloral. The continued use of chloral may produce a rash, and as the eye, with the exception of the nervous portions, is developed from the same embryonic layer as the skin, it is not improbable that chloral can affect it in a similar manner.

AN IMPORTANT EXPERIMENT WITH BACILLI FOUND IN PINK-EYE.

At a meeting of the New York Academy, held Jan. 20, 1887, Dr. John E. Weeks exhibited specimens of a small bacillus which he had constantly observed in the acute mu-

co-purulent conjunctivitis known as "pink-eye." A pure cultivation of the small bacillus could not be obtained, but the contaminating growth, a clubbed bacillus, if cultivated pure, gave no results when inoculated upon the conjunctiva of man and the lower animals. With the cultivation which consisted of the small and the clubbed bacillus, the former largely predominating, inoculations of the human conjunctiva produced the typical muco-purulent conjunctivitis in every case. The inflammation appeared about thirty-six hours after inoculation, and five days after the inoculation of one eye, the other became affected.

This observation, if confirmed, is of the highest importance, for it militates strongly against the idea put forward by Longstreth in his very able paper "Against the Germ Theory," recently published in the *Therapeutic Gazette*, that something in the matter upon which the bacilli have been growing, a something always inoculated along with the fungi, produces the inoculated disease, and not the bacilli themselves.

PRACTICAL MEDICAL AND SURGICAL HINTS.

NOTE.—It is our intention in this department to publish from month to month various suggestions of practical value collected from the pages of our numerous exchanges and from other available sources. We, therefore, beg our friends and especially the subscribers to our JOURNAL, to assist us in carrying out this undertaking. Only practical hints, briefly expressed, are desired for this department.

9 INCISION OF TONSIL FOR TONSILITIS.—Frequently, a good free incision of an acutely enlarged tonsil, even before suppuration has occurred, will give great and speedy relief. Simple puncture does not answer. Having due respect for the internal carotid artery, a vertical incision, when the tonsil is thus enlarged, may be safely made.—Charles Maclean in *British Med. Journal*, Feb. 5, 1887.

10. TO DETERMINE THE DIFFERENCE IN LENGTH OF LEGS.—Have made by your carpenter a series of blocks 1-16, $\frac{1}{8}$, $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$ inch, 1, $1\frac{1}{2}$ and 2 inches in thickness, respectively, 12 inches by 4 each; let patient stand on level surface and look for the following landmarks: the line of the spine, the cleft between the nates, the gluteo-femoral creases, the popliteal creases; block up one side until the spinal column is straight, until the cleft of the nates is in the vertical plane and the gluteo-femoral creases are on a

level; the addition of the blocks used will be the difference in length. One caution: the spinal column may be fixed in its abnormal lateral curvature; the other landmarks must then be depended on.—Dr. T. G. Morton in *Phil. Med. Times*, July 10, 1886.

[We have used this method in some few cases with satisfaction, but we think some stress should be laid upon the difference in prominence of the gluteal regions, resulting from the disuse of one side, as in hip disease,—here the subgluteal creases may vary in height somewhat without difference in length of limbs.]

11. KUSSMAUL'S METHOD OF TREATING INTESTINAL OBSTRUCTION.—Before deciding to make abdominal section, wash out the stomach through the siphon-tube occasionally. This is sometimes followed by not only relief from pain but complete relief of the obstruction.—*Lancet*, 1885, p. 380.

12. TO PREVENT SYNCOPE WHEN THREATENED.—Make *warm* applications to the head, instead of cold sprinkling.—W. J. Notly in *Lancet*, '85, p. 448.

[This is physiologically correct, acting by dilating cerebral vessels, and would seem to be more philosophical than cold water; the warm applications might be combined, in a more intractable case, with *cold* douching of the præcordial region.]

13. TO PREVENT SUPPURATION IN AN INFLAMED BREAST.—1st. Compression by the figure of eight bandage about the breast, axilla and shoulder (*Am. Journal Obst.*, Jan. and Feb., 1885,) we have found an excellent plan.

2nd. Take a piece of gutta-percha tissue large enough to a little more than cover the gland; tie tapes at the four corners; pass the two lower around the waist and tie; carry one of the upper around the corresponding axilla, the other over the opposite shoulder and tie them behind. See Dr. Bahnson's article in this number.

3rd. Or an ordinary tea-strainer, properly padded with absorbent material, may be employed.

14. TO PREVENT SUPPURATION OF A FELON.—Apply a fly-blister, the size of a nickel, for twenty-four hours.—Dr. W. F. Mitchell, in *Med. and Surg. Rep.* for Jan. 29, 1887.

BOOK-NOTICES.

Brain-Rest. Being a Disquisition on the Curative Properties of Prolonged Sleep. By I. Leonard Corning, M. D. Second Edition. Revised and enlarged with additional illustrations. New York and London: G. P. Putnam's Sons.

This little treatise is well worth the attention of practitioners, and we believe that, after carefully reading this work, few will order abroad their patients suffering with insomnia and cerebral exhaustion and thus subject them to the vexations and annoyances attending an excursion to Europe, when they can as easily relieve them by the hygienic and medical means included by Dr. Corning under the title of Brain-Rest.

P. E. A.

Hand-Book of the Diseases of the Nervous System. By James Ross, M. D., LL.D., Fellow of the Royal College of Physicians of London, and Senior Assistant Physician to the Manchester Royal Infirmary. With one hundred and eighty-four illustrations. Philadelphia: Lea Brothers & Co. Pp. 723. Price \$5.50.

This work is intended to impart to the student and busy practitioner the essential points in neurology in as condensed a form as the subject will admit. For this reason a clinical classification of nervous diseases has been adopted. This classification offers some advantages, such as the grouping together, and, therefore, the better differentiation of diseases met with the most often at the bedside, and which are likely to be mistaken one for another, no matter how widely separated pathologically.

In the first chapters a brief outline of the anatomy, development and physiology of the nervous system is given; in the rest of the work the clinical descriptions are more full and complete, and the details of morbid anatomy and physiology, together with the opinions and theories of different authors are left out, as is proper in a work of this nature.

As a text-book on neurology this work will compare favorably with any of its size and we, therefore, cheerfully recommend it

P. E. A.

Diseases of the Nerves, Muscles and Skin. Dr. Hermann Eichhorst, Professor of Special Pathology and Therapeutics and Director of the University Medical Clinic in Zurich. New York, Wm. Wood & Co.

This is the third volume of the hand book of practical medicine published in the Wood's library, and of itself, is worth as much to the purchaser as the price of the whole library.

The diseases of the peripheral motor and sensory nerves, together with those of the special senses, are treated of systematically and thoroughly, and valuable practical hints are given as to their diagnosis and treatment. Diseases of the spinal cord, brain, and their membranes, of the muscles and skin, are likewise lucidly disposed of. This work will form a good addition to any library and must be considered indispensable to anyone, who studies specially diseases of the nervous system.

P. E. A.

A Text-Book on Surgery, General, Operative and Mechanical. John A. Wyeth, M. D., Professor of Surgery in the New York Polyclinic, etc.

Manual of Operative Surgery. Joseph D. Bryant, M. D., Professor of Anatomy and Clinical Surgery and Associate Professor of Orthopedic Surgery, Bellevue Hospital Medical College, etc. New York; A. Appleton & Co.

There is always room for good books and we do not think there can be too many from masters of their art; such books are valuable, not in that they fill a long-felt void, but simply because they contain the experience of men whose experience it is worth our while to know. These books are both written by men of great attainments and large experience in the most wide-awake surgical centre in America. Though, we believe, intended mainly for the medical student and recent graduate, still we think, that any man, how great soever his experience may be, may profit by a frequent reference to these books. For the recent graduate they should prove invaluable, embodying, as they do, the best part of the advance in surgery for the last decade. The books are gotten up in Appleton's best style, Wyeth's book being

especially attractive by its large and distinct type. Both texts are filled with numerous illustrations, which are well executed and introduced with judgment.

The colored plates in the chapter on ligation of arteries in Wyeth's book are beautiful, but not more beautiful than useful, for they are carefully done and make the directions of the text thoroughly understood and easily put into practice. The chapter on amputations is very usefully illustrated by plates showing the methods of making flaps and the relations of the structures passed through by the knife. The location of the vessels in a stump is well shown and ought to prove of decided assistance in guiding quickly to the arteries without taking off the Esmarch band, thus saving blood-loss.

So many good books have in the last few years come out that it would be hard to discriminate.

The progressive man should buy all the first-class books. Such books as Stimson's *Operative Surgery*, Ashhurst's *Surgery*, the last edition of Stephen Smith (just out), and the two here specially noticed, no man in surgical practice can make a mistake by buying. Not every man can buy the *Encyclopedia of Surgery*, but several single volumes few are too poor to buy, when they consider that one operation made successful through the knowledge contained in these books will more than pay for the books, besides enabling a young surgeon to make a favorable reputation early in his career, a matter, we think, of great importance.

Some features in the two books before us, to be specially commended, we have not the space to call attention to. We are confident that those who buy these books will not be disappointed.

Surgical Diseases of the Kidney. Henry Morris, M. A., M. B., F. R. C. S., Surgeon to and Lecturer on Surgery at Middlesex Hospital; Member of the Conjoint Board of Examiners of the Royal College of Physicians and Surgeons of England. With forty engravings and six chromo-lithographs. Philadelphia: Lea Brothers & Co.

Surgical diseases of the kidney have acquired such considerable importance in medical science that no practitioner can do justice to himself and his patients without a satisfactory knowledge of their diagnosis and treatment.

This work of Prof. Morris, which treats of these diseases in a thorough manner, will be welcomed by all practitioners and students, and certainly no one ought to attempt an operation on the kidney or call himself a specialist on urinary diseases without having thoroughly studied this work.

P. E. A.

PUBLICATIONS RECEIVED.

The Source of the Mississippi. Reprinted from *Science*, December 24, 1886. Ivison, Blakeman, Taylor & Co., New York and Chicago.

President's Address Tenth Annual Meeting of the Detroit Medical and Library Association. By C. J. Lundy, A. M., M. D.

Papers on the Hypertrophy of the Prostate Muscle. By Reginald Harrison, F. R. C. S. Reprinted from *The Lancet*, 1886.

The Medals, Tokens and Jetons Illustrative of Obstetrics and Gynecology. By Horatio R. Storer, A. M., M. D., Newport, R. I. Reprint from *New England Medical Monthly*, 1887.

Bibliographie des Sciences Médicales. Index Méthodique et Catalogue Descriptif des Livres et Journaux Anciens et Modernes, Français et Etrangers sur les Sciences Médicales. Paris: Librairie, J. B. Baillière et Fils, 19 Rue Hautefeuille, 1887. Prix 2 fr. 50.

Centralblatt für Bacteriologie und Parasitenkunde. Prof. Leuckart in Leipzig, Dr. Loeffler in Berlin, Dr. Uhlworm in Cassel. Verlag von Gustav Fischer in Jena. Nine numbers.

Sunshine. Augusta, Me. Monthly. 50 cents per year.

Public Opinion. Washington and New York. Weekly. \$3 a year. 47 Lafayette Place.

Science. New York. Weekly. \$5 a year.

The Swiss Cross. 47 Lafayette Place, New York. Monthly. \$1.50 a year.

Live Birth in its Medico-legal Relations. Annual address delivered before the Medical Jurisprudence Society of Philadelphia, January, 1887. By John J. Reese, M. D., Professor of Medical Jurisprudence and Toxicology at the University of Pennsylvania. President of the Society. Printed by the Society. 1887.

Der Mikroccoccus der Sputum Septicaemie (M. Pasteuri, Sternberg). Von Dr. Geo. M. Sternberg, Major and Surgeon, U. S. Army. Separatabdruck aus der *Deutschen Medicinischen Wochenschrift*. Berlin and Leipzig. 1887.

Follicular Amygdalitis. By A. Jacoby. Reprinted from the *Medical Record*, November 27, 1886.

The Pneumonia-Coccus of Friedländer (M. Pasteuri, Sternberg). By Geo. M. Sternberg, Major and Surgeon U. S. A.

Periostitis. Lecture by N. Senn, M. D., Milwaukee, Wis. Reprinted *Philadelphia Medical Times*, July 24, 1886.

The Antiseptic Treatment of Summer Diarrhœa. By L. Emmett Holt, A. M., M. D., New York. Reprinted from *New York Medical Journal*, January, 29 1887.

Lea Bros. & Co. announce that the first volume of their *American System of Gynecology* is almost through the press. Among the contributors are Barker, Battey, Garrigues, Goodell, Reeves Jackson, Lusk, Munde, Reamy, Thomas and Van de Warker.

The Doctorate Address delivered at the Semi-Centennial Anniversary of University of Louisville, Medical Department, March 2, 1887. By David W. Yandell, M. D., Professor of Surgery and Clinical Surgery in the University. Louisville: Jno. P. Morton & Co., 1887. A polished and interesting sketch descriptive of the distinguished physicians who have been teachers in the University in past years.

The Past, Present and Future Treatment of Homœopathy, Eclecticism, etc. An address delivered before the Rhode Island Medical Society by Henry I. Bowditch, A. M., M. D. Reprinted from the Transactions of the Society. Boston: Cupples, Upham & Co.

MARRIAGES.

OEHLER—CAIN.—At Asheville, N. C., on February 15, 1887, by Revs. E. S. Ralston and W. H. Davis, Kizzie D., daughter of Dr. and Mrs. D. J. Cain, and Rev. J. C. Oehler, pastor of the Presbyterian Church, Aiken, S. C.

Deaths.

DR. A. W. DODGE, of South Baltimore, Md., died March 3d, at the age of 49 years.

THE *Maryland Med. Jour.* for March 12 announces the death of Dr. J. G. Westmoreland, of Atlanta, Georgia, on March 3d, at the age of 71. Dr. Westmoreland was the founder of the Atlanta Medical College. The Atlanta journals and our own correspondent will doubtless give us further information.

DR. H. W. DESAUSSURE.—The painful intelligence, says the *Charleston News and Courier*, has been received in the city of the death of Dr. H. W. DeSaussure, which occurred at Thomasville, Ga. About three weeks ago Dr. DeSaussure removed to Thomasville, with a view of restoring his health, which had been much and seriously affected by constant and hard work in his declining years. He succumbed rapidly, however, to the combined effects

of shattered energies and advanced age, and passed away yesterday morning. Dr. DeSaussure was a type of the gentleman of the old régime. He was a member of a family which has existed in Charleston almost since the founding of the city, and the manner of his life was in strict keeping with the traditions of his race. He was born in 1815, received his primary education at a private school, and was graduated from the Charleston College about the year 1835. He then entered the South Carolina Medical College, from which, after a full course of instruction, he was graduated. In his profession, Dr. DeSaussure held a high rank. He was always a close student of the science of medicine, and kept even pace with its progress. Apart from his technical education, Dr. DeSaussure was a well informed man in the branches of polite education. He was a quiet, dignified, unassuming gentleman, distinguished alike for courteous demeanor and kindly consideration for all with whom he came in contact. Indeed, one of the distinguishing features of his character was his kindness and attention to the poor, who in him invariably found a thoughtful and constant friend. Of Dr. DeSaussure it may be said, in all truth and with the justice due to so elevated a character, that in him his profession has lost an able and skilful member, and Charleston a citizen of whom it could well be proud.

DR. JAMES JERVEY COURTENAY died March, 5, 1887, at Columbia, S. C., in the 64th year of his age.

DR. JAMES H. HALEY died very suddenly at his home in Moffett, Bell County, Texas, February 20, 1887, aged 56 years.

DR. ROBERT LIBBY died at his home in Charleston, S. C., March 18, 1887, aged 82 years. Dr. Libby was an old and highly esteemed practitioner, and is probably remembered by many Louisianians, as he was appointed by Gen. Beauregard during the late war receiving and distributing surgeon of the First Louisiana Hospital in Charleston.

As we go to press we learn with sorrow of the death of Dr. James S. Fish, of Alexandria, in the 59th year of his age. Dr. Fish died at his home in Alexandria sometime during the week ending March 26th, but we have as yet received no exact information. At the last meeting of the State Medical Society Dr. Fish was made Chairman of the Committee of Arrangements and all who were there present

will remember with what delight he seemed to look forward to the coming meeting at his home, and how cordially he promised all members who would attend the meeting at Alexandria on the 11th of April next a right royal time. And now, just before the day he anticipated so happily, he is called away and his colleagues of the committee must sadly discharge the duties he looked forward to as a pleasure. *Pulvis et umbra sumus.*

MEDICAL NEWS AND MISCELLANY.

DR. GEORGE BAUER, assistant professor at the Peabody Museum at Yale, was knocked senseless by the explosion of an ostrich egg. The eggs were shipped to Yale from Cape Town, and, owing to the delay, one of them fermented, generating a gas which caused such an explosion that the building was shaken.—*La. Sugar Bowl.*

“THE English Universities,” says Sir Lyon Playfair, “teach their graduates to spend £1000 a year with dignity and intelligence, while the Scotch universities teach men to make a thousand a year with dignity and intelligence.” The same might be said of certain representative Northern and Southern Universities. Compare Harvard and Yale and the University of Virginia, for instance.

WE have received from Messrs. Battle & Co., St. Louis, an editorial clipping from a leading Northern journal upon the growing evil of “substitution” in physicians’ prescriptions. This of course affects not only the large manufacturers of proprietary remedies, who, naturally, desire their preparations to stand upon their own merits, but as well the physician who is often at a loss to know what he is giving his patient or to explain certain unexpected symptoms, and the absence of effects which were expected. It is easy to see the mischief thus produced by this species of dishonesty, but how to stop it is a difficult problem. Some concert of action on the part of both physicians and manufacturers may lead to its solution.

AN IMPORTANT MEDICO-LEGAL DECISION.—In the Superior Civil Court at Boston, recently, a mother and her four children individually sued the landlord to recover damages

for sickness contracted because of the poor sanitary condition of the house, and in the care of the family during their sickness from diphtheria. Damages in each case were awarded, the mother receiving \$1600, and the children \$700, \$300, \$250 and \$200, respectively. This is a unique case, and is valuable as a precedent.—*The Medical Record*.

THE RATTLESNAKE TREATMENT FOR THE RELIEF OF PAIN.—Dr. William H. Corbusier, in an article on "The Apache-Yumans and Apache-Mojaves" (*American Anti-quarian*), says: "The Apache-Mojaves sometimes resort to the Tonto medicine-men, to receive the rattlesnake treatment for the relief of pain. At the agency, one day, the rattling of a snake attracted my attention, and on approaching a group of Indians from which the sound seemed to proceed, I found a medicine-man squatting down holding a large rattlesnake in his right hand, the thumb and index finger of which encircled it close to its head, while he gently stroked its back with his left. Presently, an old man advanced to him, and, saying he had a pain in his head, squatted on the ground. The medicine-man arose and, placing himself behind his patient, coiled the snake around his head and, while holding it there, uttered a guttural chant, occasionally causing the snake to vibrate its rattles. He then quickly uncoiled the snake and swung it head foremost away from the man's head, at the same time making the sound 'wisht.' The man then pointed to his right arm, and the medicine-man laid the snake along the limb, its head resting on the hand. He chanted again, caused it to rattle, and swung it away as before. The old man arose, and with a satisfied air walked away. Other patients succeeded him, to have the snake laid on various parts of the body. After a time the medicine man rested the snake on the ground again and, still retaining his hold of it with his right hand, put a pinch of yellow pollen into its mouth with his left and rubbed some along its belly. He then held his hand out to a man, who took a pinch of the powder and rubbed it on the crown of a boy's head. Yellow pollen treated in this manner is a common remedy for headache, and may frequently be seen on the crown of the head of men and boys."

DR. DUDLEY S. REYNOLDS has extracted 93 cataracts under cocaine without bad effects. Dr. Calhoun's experience is somewhat different.

JENSEN's pepsine is said to dissolve clots in the bladder very rapidly.

M. LENHARTZ strongly denies the existence of any antagonism between morphia and atropia.

THE brain of the late Prof. Olney of Ann Harbor, Mich., weighed sixty-one ounces.

THE *American Lancet* says; "The warring factions among the dentists have buried the hatchet and united in one strong effort to make their portion of the International Medical Congress a perfect success. Would that the same could be said of all other medical men in America. Then we would be certain to make a positive addition to the world's medical history."

THE Louisville Medical College graduated sixty-three doctors on February 20. The University of Louisville had eighty-seven in its graduating class. The exercises in the latter school took place March 17.

MEMORIAL TO DR. AMBLER.—The bronze tablet recently executed by I. & R. Lamb, of New York, from funds provided for the purpose by the medical corps of the United States Navy, has just been hung in the Corcoran Art Gallery, Washington, on exhibition. The memorial is in honor of Dr. James Markham Ambler, of Va., the surgeon of the Jeannette exploring expedition to the Arctic regions. In size the tablet is about five feet by three feet six inches. The design includes a simple border, classic in treatment, with acanthus leaf borders, an oval medallion portrait of the late Dr. Ambler, and below it a long parallelogram which gives a representation of one of the closing scenes of his life. Here he is seen upon the banks of the Lena Delta, performing his duties as a physician towards the sick members of the party, while he waves his hand in farewell to the two men who are leaving in search of help, after having tried in vain to persuade him to accompany them. The aurora light, which has been introduced back of the portrait and above the figure panel, aids materially the effect of the design. The inscription reads as follows: "James Markham Ambler, M. D., U. S. N., Lena Delta, October 9th, 1881. Duty stronger than love of life."—*Maryland Medical Journal*.

It gives us great pleasure to reproduce the following item and sketch of our good old friend, the Nestor of the profession in Louisiana, from the pages of the March number of the *Medical Herald* (Louisville):

DR. R. H. DAY.

The Honorary Diploma of the Louisville Medical College was conferred this year upon Dr. R. H. Day, of Baton Rouge, La. As is well known, this diploma is given, without solicitation upon the part of the recipient or his friends, for merit alone, and upon the recommendation of the Faculty to the Board of Trustees. The following short sketch of the life and services of Dr. Day is from the pen of Dr. Dupree, of Louisiana:

Dr. Richard Hance Day was born in Calvert County, Maryland, on the 9th of June, 1813. Bereft of his father when still a youth, he was kindly cared for by his uncle, Dr. Benjamin J. Day, of Bladensburg, Maryland, under whose guidance he studied medicine, and while with him enjoyed many opportunities for clinical study. In November, 1832, he was wedded to Miss Elizabeth Miller, of Bladensburg, Md. As to his preliminary education, those of us who now know him and are familiar with his qualifications must be surprised at the following quotation, which I extract from his address as President of the "Louisiana State Medical Society," in April, 1884:

"If you will pardon me for a personal reference, I beg to state that I speak feelingly on this subject, since circumstances placed me in the profession of medicine without this essential qualification. And it has been the one regret of my professional life, and a source of constant humiliation. I have loved the profession of medicine as ardently as others have loved it; loved it as a science, for the mental gratification it affords; and loved it for the good it was capable of doing to my suffering fellowmen; but, in all this more than fifty years that I have been trying to work out its mission, I have been hampered, hindered, and humiliated by my imperfect classical preparation. Furthermore, it has necessitated sleepless nights and hours of hard study, while others slept, that I might in some tolerable degree keep posted in regard to the advances and improvements in the art and science of medicine, and not prove a failure in my profession. I hold this experience up as a warning to others in this fast age, who may hereafter

wish to enter this profession and make it the business of their lives, that if they desire to make 'plain paths for their feet to walk in,' they fail not to prepare their minds by a thorough, classical, and scientific training before engaging in the study of medicine."

The Medical College of the Washington University, now the College of Physicians and Surgeons of Baltimore, can, with just pride, claim him as an alumnus of the session ending March, 1832, when he graduated with merited distinction. After practising his profession five years in his native State, with fair success, being ambitious to win professional honor and distinction, he determined to seek a broader field for action, which the new and growing State of Illinois seemed to offer. Mt. Carmel, Wabash county, was the chosen site, where he located in May, 1837. Here he, with hand, with heart, and with head, by day and by night, through rain and sunshine (as he does now), labored for the good of humanity until 1843, when he was forced, from failing health, due to chronic pneumonia, to move to Batesville, Arkansas, in search of a warmer climate, while a large clientelle attested the value of his services in this new field. His health not improving here as he had hoped, he was forced again to abandon his new home and friends and sever ties, the pain of which is known only to those who form them at the bedside of stricken humanity.

In October, 1846, he moved to Louisiana, locating in the parish of St. Mary. Here he soon entered into a good practice, with a steady improvement of his health, and at once became a member of the Attakapas Medical Society. Here, in December, 1848, he had the misfortune to lose his wife.

In 1851 and 1852, at the solicitation of many friends, he was induced to accept the nomination of the Whig party for the Legislature, and being elected served two terms in the House of Representatives.

While in Baton Rouge he made the acquaintance of Judge Elam's daughter, Miss Lavinia, to whom he was married in May, 1853. In this year, for the first time, he encountered yellow fever, and passed through that severe epidemic, reaping the highest honors for his unremitting attention to the sick and his great success in its treatment.

In January, 1854, he came to Baton Rouge, the capital of the State, where he has resided ever since, with a full and honorable practice, during which time he has encount-

ered several epidemics of yellow fever, in the management of which his success was phenomenal. As a surgeon he has been no less successful. While grave cases of surgery have not been common, yet they have sometimes occurred, and he has always been equal to the emergencies, having performed many amputations, with numerous minor cases, and successfully operating upon several cases of strangulated hernia—among the latter, a most unpromising case of strangulated femoral hernia upon a delicate female (white), middle aged, living seven miles in the country. His operation was performed in the night, by the light of two tallow candles, with perfect success, the patient yet living, twenty years after the operation was made. In May, 1865, he sustained the loss of his second wife, and in October, 1868, married his present wife, Miss Celestine P. Rentrop, of St. Mary Parish, La.

Dr. Day has always been a hard student, a close observer, and an untiring worker in his profession, and has not been content to hide the fruits of his rich and varied experience under a "bushel," but has contributed many articles, which have appeared in the medical periodicals of the country, some of which have been of rare merit, characterized by original and profound thought, and have won for him the highest encomiums and commendations from the most eminent men of the medical profession, notably, the lamented Prof. S. D. Gross, M. D. His paper on the "Treatment of Yellow Fever," was viewed by those familiar with the disease as of peculiar value, being clear, decisive and able, and so approved was it by Dr. J. McF. Gaston, now of Atlanta, Ga., then of Brazil, that he caused it to be translated and published in the Portuguese language and extensively circulated it in that country. His review of the "Surgical treatment" of President Garfield was an able, discriminating paper, and received many commendations from the profession. His article on the "Pathogeny of Pneumonia," in reply to the theory of Dr. Flint, and others of like belief, places him among our best medical writers, while his contribution to the literature of "Malarial Hematuria," and its treatment, marks him as a close and careful observer and profound thinker, and has elicited not only from the ablest men of this country the highest praise, but has evoked the encomiums of Prof. George Harley, M. D., F. R. S., of London, England, and made him a correspondent of Dr. Day.

Dr. Harley observes: "I have read with both pleasure and profit your clever paper upon 'Malarial Hematuria,' and as I see you are a man thoroughly posted up to the time, and alive to medical progress I send to you, along with this, a little book I have just published," etc. In another letter he says: "Both your able address on the 'Mission and Methods of Medicine' (which is full of fresh thoughts) and your review of poor President Garfield's treatment, I perused with extreme interest." And again, in another letter he writes: "I am so pleased to find that you are among the advanced thinkers, who believe that liver pathology will soon be made as clear as either that of the lungs or heart."

I will add that Dr. Day is an ex-President of the Louisiana State Medical Society, a permanent member of the American Medical Association, and as a mark of appreciated merit, was appointed by Prof. Joseph Jones, M. D., of New Orleans, President of the Fourteenth Section of the International Medical Congress, to investigate the effects of overflows (chiefly of the Mississippi River) and rice culture upon the public health, which duty has been performed, and his report given, with the warm approval of Dr. Jones.

DR. ROBERT BATTEY, of Rome, Ga., is spending the winter in Florida.

DR. T. S. POWELL, Editor of the *Southern Medical Record*, President of the Southern Medical College and Professor of Obstetrics and Gynæcology in that Institution, has been appointed vice-president of the Gynæcological Section of the International Congress.

CARL SCHRÖDER, the distinguished gynæcologist of Berlin, and Prof. Béclard, Dean of the Faculty of Medicine of Paris, died in February last; while Arlt, also, the veteran oculist, the teacher of Von Græfe, has recently passed away.

THE Fifty-third Annual Commencement of the Medical Department of Tulane University of Louisiana was held at the Grand Opera House in this city, Wednesday, March 30th, 1887, at 12 M. The Annual Address was delivered by Rt. Rev. J. N. Galleher, the Valedictory by Andrew A. Forsythe.

It is said that in Kentucky one hundred and fourteen counties have regularly organized boards of health, which

are working under the regulations of the State Board of Health.

THE Medical Association of Georgia meets in Atlanta, April 20th next, when an effort will be made to reorganize on the plan of the Alabama Medical Association.

“DR. FITZPORTER,” a quack long notorious in St. Louis, has been convicted in the criminal court of St. Louis of manslaughter committed in an attempt at abortion.

THE physicians of Anniston, Ala., have organized a medical society. At the last meeting, Dr. J. C. LeGrand was elected president and Dr. T. W. Ayres secretary.

IN the note from Atlanta in our January number, our correspondent mentioned that Dr. Henry Wile had been arrested on a charge of assault and battery for obtaining from the arm of a fourteen years old boy skin for grafting. We learn from the *Atlanta Med. and Surg. Journal* that the case was tried by Judge Van Epps, without a jury, who decided that the boy was old and intelligent enough to know what he was doing, and as no harm had been done, no crime had been committed, and the case was dismissed.

ST. LOUIS has a physician who is not only doctor in medicine, but, what is more singular, writes himself down before the whole world as doctor I. N. Love.

DR. HARVEY BLACK has been elected superintendent of the Southwestern Virginia Lunatic Asylum, situated at Marion, and Drs. R. J. Preston, of Washington Co., and John Apperton, of Smyth Co., have been elected first and second assistant physicians, respectively, to the same institution. Dr. Black was at one time superintendent of the Eastern Lunatic Asylum at Williamsburg. He is a member of the present Virginia House of Delegates from Montgomery county.—*Maryland Medical Journal*.

WE acknowledge with thanks an invitation to attend the Sixth annual Commencement exercises of the Medical and Dental Departments of the Minnesota Hospital College, which were held at the M. E. Church, Hennepin Ave., Minn., Friday, March 11, 1887, at 8 P. M. Prof. Jno. E. Bradley delivered the address to the graduates.

A QUESTION OF PREJUDICE.—The *Southern Clinic* says: “In looking over the proceedings of the State Examining Board for the past two years we find that out of 29 appli-

cants from the University of Virginia and 19 from the Medical College of Virginia, in these two years, not a single applicant from these two Virginia schools has failed to pass the required examinations! While, on the other hand, out of 24 applicants from the College of Physicians and Surgeons of Baltimore, 8, or one-third, failed; out of 16 from the University of Maryland, 5, or five-sixteenths, failed; out of seven from Jefferson Medical College of Philadelphia, 3, or three-sevenths, failed; and out of the three from Howard University of Washington (colored physicians), all were rejected. Of course, this may be all right, but it would be hard to convince those who know anything of the relative merits of the above schools, that the inferior graduates always come from schools located outside of Virginia, and that the graduates of the Medical College of Virginia are better educated men than those coming from first-class schools farther North."

We can explain this matter to the *Southern Clinic* in a few lines. The examinations in the Medical Department, as in all other departments, of the University of Virginia, are conducted in writing and are very comprehensive and severe; from five to ten hours are often required to answer one of these examinations; 75 per cent. is required to pass on each branch, and failure to pass in one branch entails loss of the degree. The examination on anatomy is double, a written one before the Professor and a practical one before the Demonstrator; 75 per cent. is required to pass each one of these. Only a very small percentage of those who apply obtain the degree. There is little or no practical work, but we do not hesitate to say that the teaching, as far as it goes, is the most thorough in the country. As a consequence incompetents are weeded out. Those who do graduate are solidly grounded and prepared to pass any examination on the elements of medicine. Men from the University have hardly, if ever, failed at the examinations for the army or navy. The Medical College of Virginia (Richmond) dominated by the influence of the University, conducts its examinations in the same manner. It is needless to point out how different all this is from the mode of procedure in other medical colleges.

REMARKABLE FECUNDITY.—A lady in New York had, up to a date some five years ago, given birth in the space of three (3) years and seven (7) months to twelve (12) children. The first was a single birth. Ten months after

the first, the mother gave birth to twins, and ten months later to twins again. The fourth delivery was of triplets and the fifth was of four children. The quartet was composed of four boys, and they averaged eight pounds each. It was calculated that the children, the placenta (of which there was only one, divided by septa into four parts, from each of which issued a cord), and the liquor amnii, weighed nearly fifty pounds. All the children lived.

This reminds us of the unfortunate who was overheard mumbling: "Dash me if I know where this thing's going to stop! My wife started in with twins; next year she had triplets, and I suppose she'll be having quadrupeds next, and then centipedes!"

THE board managing the Shreveport Charity Hospital met March 1st, and on the announcement that all the writs of attachment against the funds in the bank to the credit of the hospital had been released, the resolution adopted recently, closing that institution, was rescinded. The board appropriated \$3000 to prorate claims incurred from July 1 to Dec. 31, 1886. The secretary notified the board that he had not received an answer to a letter advising Mr. Trezevant, the late treasurer and secretary, that the building funds and warrants had been released from seizure. The board instructed the secretary to make a formal demand for the building fund and warrants in the possession of the late secretary and treasurer.

DR. JOHN WATTS, of Manchester, England, whose death has been announced, was one of the most conspicuous figures in almost every liberal and good movement in that city; the anti-corn law agitation, the cotton famine relief, the Public School Association, etc. He was Mr. Milner Gibson's right-hand man in moving for the repeal of the "taxes on knowledge;" he drew up and framed Mr. Cave's life assurance act, and he was Mr. Forster's colleague in the authorship of the great education act of 1870.

In spite of the terrible damage inflicted upon the building, the annual commencement of the Medical College of the State of South Carolina was brilliantly celebrated at the Academy of Music in Charleston, S. C., on April 19th ult.

Dr. J. Ford Prioleau, the dean of the faculty, read his annual report to the President and Board of Trustees. The report makes a most interesting statement of the disasters the College has undergone and of the active en-

deavor and unremitting zeal of the trustees and faculty to continue its exercises after the destruction of the college building by the earthquake. The loyalty of the students to their *alma mater* is commended in glowing terms.

The annual address to the graduates was then delivered by Mr. W. C. Benet, of Abbeville, who spoke in a most eloquent and impressive manner on "Problems of the time."

We return our thanks to the Dallas (Tex.) State Fair and Exposition Association for a complimentary ticket to their spring meeting, to be held April 5th to 9th next.

The British Medical Journal states that Dr. J. Kirk Duncanson has accepted the office of Vice-President of the section on Otology of the Ninth International Medical Congress.

The Texas State Medical Association will meet in Austin on the 4th Tuesday in April, 1887.

A movement is on foot to establish here a large thoroughly equipped Polyclinical School, after the model of those so successfully conducted in New York and Philadelphia. We are informed that no pains will be spared to make it the best practical school for graduates and advanced students in the South. The first session will open in April, 1887, and last ten weeks, the teaching being conducted mainly in the wards of our great hospital.

A BOSTON lecturer says "women will never be healthy until they dress after the Greek fashion." Even then they might have peri-chiton-itis!—*Med. and Surg. Reporter*.

PROFESSOR ZWEIBIER is a very absent-minded man. He was busily engaged in solving some scientific problem; the servant hastily opened the door of his study and announced a great family event: "A little stranger has arrived." "Eh?" "It is a little boy." "Little boy! Well, ask him what he wants."—*Flotsam*.

THE next meeting of the Medical Society of North Carolina will be held at Charlotte on the second Wednesday in April, 1887. Our North Carolina friends look forward to a large and interesting meeting, and the following distinguished guests are expected: Dr. D. Hays Agnew, of Philadelphia; Dr. Hunter McGuire, of Richmond; Drs. Robert Battey and H. F. Campbell, of Georgia, and Prof. Dabney, of the University of Virginia.

DR. LUCY M. HALL, physician to Vassar College, in a short paper in the *Popular Science Monthly*, brings to the discussion concerning the higher education of women inaugurated by Dr. Withers-Moore—to which we have alluded several times already—some conclusions deduced from statistics gathered by herself concerning the number of children born to women who have pursued a course of higher education. The statistics were gathered for the purpose of measuring the great falling-off in numbers in the American family, and, though by no means complete, they bear directly upon the question at issue. The data were taken from all grades of American life save that found in extreme poverty. The women were, as a rule, simply educated. A few were more highly educated, and the figures show that the largest families of the present generation belong to the most highly educated of the women. One hundred and seventy-five families give an average of 3.2 children to each. Of the few really large families, the evidence shows the mothers to have been in most cases well educated, and in a few cases exceptionally so. Dr. Hall's own experience has been, that young women in college are unusually healthy, and become increasingly so as the course progresses. She quotes President Bascom, of the University of Wisconsin, as saying: "The young women do not seem to deteriorate with us in health, but quite the opposite. * * * It has long seemed to me plain that a young woman who withdraws herself from society and gives herself judiciously to a college course is far better circumstanced in reference to health than the great majority of her sex."

The next meeting of the Mississippi Valley Medical Association will be held at Crab Orchard Springs, Ky., in July next. Address Dr. J. L. Gray, cor. Wabash Avenue and Sixteenth street, Chicago, for information.

The fifty-fourth annual meeting of the Tennessee State Medical Society will be held in Nashville, beginning on the second Tuesday in April.

Eleventh Hour: Press waiting and "devil" roaring: We have just received a note from our friend, Dr. J. W. Dupree, of Baton Rouge, saying that he will be at Alexandria on the 11th, with a paper entitled, Report of the Recovery of Four Cases of Penetrating Wounds of the Abdomen, complicated with Lesions of its Viscera, and Remarks Pertinent thereto. Hang out our banners, etc., the cry is still they come.

MORTUARY REPORT OF NEW ORLEANS

FOR FEBRUARY, 1887.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial, unclassified	1	2	3		1	2	3
“ “ Typho.....							
“ Congestive.....	1	2	2	1		3	3
“ Continued.....							
“ Intermittent.....		2	2		2		4
“ Remittent.....	2	1	1	2	2	1	3
“ Catarrhal.....							
“ Typhoid.....	4		2	2	2	2	4
“ Puerperal.....	1			1	1		1
“ Cerebro-Spinal.....		1	1			1	1
Scarlatina.....							
Small-pox.....							
Measles.....	1	2	3			3	3
Diphtheria.....	5	3	4	4		8	8
Whooping Cough.....		1		1		1	1
Meningitis.....	4	5	4	5	3	6	9
Pneumonia.....	17	11	19	9	14	14	28
Bronchitis.....	14	11	12	13	9	16	25
Consumption.....	31	32	29	34	60	3	63
Congestion of Brain.....	3	2	2	3	3	2	5
Diarrhœa.....	4	1	2	3	4	1	5
Cholera Infantum.....	4		4			4	4
Dysentery.....	1			1	1		1
Debility, General.....	4	1	3	2	5		5
“ Senile.....	9	9	10	8	18		18
“ Infantile.....	5	2	1	6		7	7
All other Causes.....	155	67	108	114	154	68	222
TOTAL,	266	155	212	209	279	142	421

Still Born Children—White, 19; Colored 13; Total 32.

Population of City.—White, 176,500

“ “ “ “ “ “ Colored, 66,250

Total, 242,750

Death rate per 1000 per annum for month.—White, 18.08.

“ “ “ “ “ “ Colored, 28.07.

“ “ “ “ “ “ Total, 20.81.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—FEBRUARY.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in in. & Hund.	GENERAL ITEMS
		Mean	Max.	Min.		
1	30.147	70.1	80.0	66.0	....	Mean Barometer, 30.148.
2	30.176	68.6	78.2	62.1	...	Highest Barometer, 30.509, 28th.
3	30.218	67.7	78.8	63.5	.02	Lowest Barometer, 29.765, 19th.
4	30.307	63.1	68.5	61.2	.02	Monthly Range of Barometer, 0.744.
5	30.378	61.6	68.5	54.8	....	Mean Temperature, 65.2.
6	30.348	61.5	64.4	59.3	....	Highest Temperature, 81.5 11th.
7	30.257	65.0	72.6	60.5	....	Lowest Temperature, 44.0, 13th, 26th.
8	30.253	70.6	79.0	62.8	....	Monthly Range of Temperature, 37.5.
9	30.276	67.8	75.3	62.0	....	Greatest daily range of Temp. 34.0.
10	30.135	69.4	78.5	61.0	....	Least daily range of Temp're, 5.1.
11	30.048	72.1	81.5	66.8	...	Mean daily range of Temperature, 14.7.
12	30.273	56.1	69.5	50.6	....	Mean Daily Dew-point, 58.4.
13	30.252	54.0	59.7	44.0	....	Mean Daily Relative Humidity, 80.9.
14	30.154	66.4	73.5	58.8	.09	Prevailing Direction of Wind, S. E.
15	30.078	67.5	81.0	60.7	.53	Highest Velocity of wind and direction, 32., N., 26th.
16	30.037	68.1	73.6	64.1	.02	Total Movement of Wind, 5861 miles.
17	29.836	71.5	78.0	63.5	....	No. of clear days, 7.
18	29.819	69.5	77.5	65.3	....	No. of fair days, 14.
19	29.825	62.7	70.2	57.0	1.59	No. of cloudy days, 7.
20	29.916	67.3	72.2	63.6	.20	MEAN TEMPERATURE FOR THIS MONTH IN 1873.....60.5 | 1881.....56.3 1874.....59.1 | 1882.....66.2 1875.....55.9 | 1883.....62.9 1876.....59.0 | 1884.....60.7 1877.....55.9 | 1885.....53.1 1878.....55.5 | 1886.....53.2 1879.....55.8 | 1887.....65.2 1880.....60.4
21	30.028	68.9	76.2	61.8	2.49	
22	30.121	70.6	81.0	63.4	.09	
23	30.084	73.6	80.8	67.9	.01	
24	30.134	60.8	72.0	58.0	.07	
25	30.028	66.4	73.8	57.0	.30	
26	30.098	60.5	78.0	44.0	.15	
27	30.446	50.9	56.0	46.8	....
28	30.496	53.6	64.5	45.0	....
29	.....	.....	.....	.....	....
30	.....	.....	.....	.....	....	TOTAL PRECIPITATION (IN INCHES AND HUNDREDTHS) FOR THIS MONTH IN 1873.....1.93 | 1881.....5.80 1874.....3.68 | 1882.....4.04 1875.....13.85 | 1883.....1.59 1876.....8.20 | 1884.....3.16 1877.....0.98 | 1885.....2.39 1878.....3.50 | 1886.....1.96 1879.....2.13 | 1887.....5.58 1880.....4.62
31	.....	.....	.....	.....	....
.....	
Sums	.....	.....	.....	.....	5.58	
Means	30.148	65.2	.....	.....	.....

Dates of Frosts { Light, o.
Killing, o.

M. HERMAN, Sergeant Signal Corps, U. S. A.

BOVININE.

BUSH'S FLUID FOOD.

Containing 34 per cent. of Soluble Albuminoids.

The vital principles of Beef and Mutton concentrated. A highly condensed Raw Food Extract. Acceptable to the most delicate taste and smell. Does not become putrid in a short time as all other Raw Foods do. Retained by irritable stomachs that reject all other Foods. It assimilates more readily than any other Food known to the Medical Profession.

Bovinine under the microscope shows the blood corpuscles in their normal condition strongly marked, while in all other Food or Extracts this vitally important element is destroyed by the action of heat in cooking.

In Typhoid Fever the pathological conditions present in the large and small intestine about the ileo-coecal valve from the inflammation and suppuration of the agminated and solitary glands demand a food containing no excrementitious matter, while the depressing effects of the disease upon the vital powers through the nervous system makes a highly nutritious and stimulating food absolutely necessary.

These indications for a food are met in Bovinine, which contains all the albuminoids of Beef and Mutton in a very concentrated form, unchanged by heat or chemicals, as well as its stimulating meat salts. The process of its extraction also insures perfect freedom from extraneous substances.

Bovinine alone, or as an adjuvant to the milk diet ordinarily employed, is of the greatest benefit in either the acute stage of the disease or during convalescence from it as it is readily borne by the weakest stomach, and is acceptable to the taste of every patient.

In the vomiting of pregnancy the extreme difficulty of nourishing the patient is obviated by Bovinine given in small doses frequently repeated. This symptom of reflex action cannot always be entirely controlled, but its frequent recurrence is diminished, better nutrition assured, and the danger to life from inanition averted.

In all cases where rectal alimentation is necessary, no more eligible food preparation can be found than Bovinine. Reports of several cases are at hand showing increase of strength and weight in patients nourished for weeks upon Bovinine exclusively, administered in this manner.

In Diphtheria, a disease characterized by extreme prostration and rapid failure of the vital powers, where there is the most marked indication for a stimulating diet capable of bringing almost instant response, Bovinine is a most reliable food, its concentration and fluidity recommending it on account of the local lesions in and about the pharynx, while its nutrient value is demonstrated by its adaptation to the excessive prostration incident to the disease.

In disturbances of the intestinal tract accompanied by gastric irritation; in cancer of the stomach or rectum; in supplying the waste of albuminuria; in the marasmus of infancy or old age; in scrofulous conditions; in phthisis, and in so-called dyspeptic conditions, Bovinine will be found of signal service, securing better nutrition and assimilation, and alleviating the conditions present. Bovinine is a raw food and is neither partially or wholly digested, so that when given in cases of enfeebled digestive powers, it does not still further increase the inability of the gastric forces to perform their work, but restores them by its physiological stimulation to their normal effectiveness.

I have been prescribing *Bovinine* in my practice for some time, and am highly satisfied with the results. In one case, *Typhoid Fever*, where every other nourishment was rejected, the *Bovinine* was retained, and, I feel confident *saved my patient*.

JOHN MILTON DUFF, M. D.,
Professor of Obstetrics in the Western Pennsylvania College.

Gentlemen: We have used your *Bovinine* extensively in this institution with very satisfactory results. Its beneficial influence has been especially marked in cases of Typhoid Fever.

"DETROIT SANITARIUM," F. W. MANN, Resident Physician.

Memphis, Tenn., 26 Jan'y, 1887.

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I ordered for that purpose "BOVININE," taken in fresh sweet milk, and I must say that in a surgical experience of now nearly thirty years, I have never had *anything* to give me such satisfactory results. I wish every Surgeon and Physician viewed its *great* nutritive qualities as I do, for, although this was a "test case," it is not the only one that has served to show me its rare merit as a nutrient.

Very Truly, &c.,

J. P. McGEE, M. D., Surgeon, &c

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And the **Vitalizing Constituents**—Phosphorus.

Combined in the form of a Syrup, with *slight alkaline reaction*.

It Differs in Effect from all Others, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

It has Sustained a High Reputation in America and Endland for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

Its Curative Properties are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

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JAMES I. FELLOWS, Chemist,

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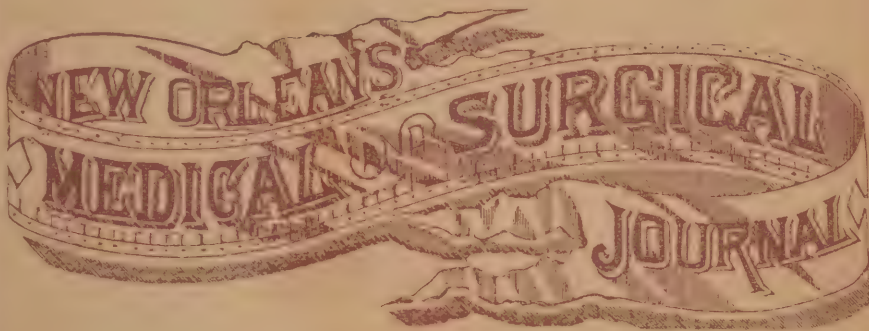
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MEDICUS

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*Paulum sepultæ distat inertia
Celata virtus.*—HORACE

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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

MAY, 1887.

ORIGINAL ARTICLES.

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Progress and Development of Medical Science.

An Address delivered before the Alumni of Jefferson Medical College.*

By HUNTER HOLMES MCGUIRE, of Richmond, Va.

Mr. President, Ladies and Gentlemen, Fellow Alumni of the Jefferson Medical College:—Once more we meet together in annual reunion for social and intellectual enjoyment, and it is with feelings of no little hesitancy that I appear before an audience of so much intelligence and learning. Unaccustomed to the delivery of addresses before public bodies, and duly appreciating my inability to properly perform the task allotted to me, I bespeak in the commencement of my remarks your kind indulgence.

In conning over in my mind what might be acceptable to this body, I reached the conclusion, that nothing would prove of more interest than a brief résumé of the Progress and Development of Medical Science.

From the first organization of society, down to the present hour its progress has been one of gradual and constant advancement.

Man, before he recognized the necessity of family relations, and before the formation of tribal association, with a

*Furnished exclusively to THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL; *Virginia Medical Monthly*; and *College and Clinical Record*.

range of thought and reflection narrow in the extreme, instinctively felt, when laboring under disease, the want of medicaments, and turned with his limited powers of observation to the vegetable kingdom for the crude materials, which he believed would minister to his wants: these, coupled with incantations and exorcisms, comprised his entire armamentarium. Such remained the case in his further development through tribal relations up to a higher order of government, in fact until he became nationalized. It is to the Greeks that we must look for the first effort to formulate principles concerning medicine as a science, and in the first dawn of civilization, at a time when recorded events were vague and undetermined, we discover that the religious element had virtual control of this department of learning. To the various temples of Æsculapius, scattered throughout the land, the sick and afflicted were found repairing, seeking the advice and counsel, as well as the religious aid, of the Asclepiadæ (the priests of the temples) with whom were deposited the votive tablets of those who had subjected themselves to their treatment. Inscribed upon these tablets were the diseases under which the patients were supposed to have labored, and the remedies resorted to. Judging from the character of the tablets which have been preserved, ideas most obscure and indefinite existed both as to the history and nature of the diseases that afflicted mankind while remedies were meagre in the extreme, and we are forced to the conclusion that medicine as then understood did not even bear the semblance of a science. It was not, indeed, until Hippocrates lifted it out of the slough of ignorance and chaos in which it was enshrouded, that we can claim for it anything like such a dignity. How much we owe to the philosophical mind of this wonderful man is generally not fully appreciated even at this time. It is difficult to comprehend the apparently insurmountable obstacles that lay in his path—the immense amount of rubbish through which he had to wade, the prejudices he had to overcome, the religious sentiment which surrounded him, and acted as a formidable

barrier to the progress of this department of learning. Debarred the right of human dissection, he had to learn anatomy through the agency of the lower animals, and derive his knowledge upon this subject through deductions made from comparative anatomy. It ought not to be a matter of surprise that he knew so little—it should rather excite our admiration and wonder that he knew so much. He drew his principles from the most careful and patient observations, and for his time was an able diagnostician. He practised cupping, bleeding, cauterization and auscultation. He failed to comprehend the character and extent of the circulation: this was reserved for a happier period, a time when learning and science were placed upon a firmer basis, a time when the Anglo-Saxon had created a country and carved out for himself his peculiar civilization.

Thus medical science may be said to extend over a period of some twenty-two hundred years. Struggling ever onward, ever upward, borrowing wherever a good thought, a prime fact, a philosophical idea, a collateral truth, could be had. It should not be a matter of surprise that medicine was so slow in the progress of development; we should rather be wrapped in wondering admiration that it should have overcome the obstacles that lay in its path, and that it should have attained its present degree of relative perfection. I hope I may be pardoned for calling to your minds the few crude facts which I have set forth in regard to the early rise of medicine, and the life and character of Hippocrates.

I may be considered by some in this audience as repeating an “oft told tale,” but we have been taught in the various departments of learning and science that a frequent recurrence to first principles is essential to the proper comprehension of any department of learning. Wedded as you must be to this our beloved profession, guarding its rights and privileges with jealous care, remembering the battles it has had to fight, the prejudices to overcome, the obloquy which has at times been heaped upon it, the struggle for existence it has had to make, the evil association

which has been too often forced upon it, all should cause us to hold in profound reverence the names of those who have come to the front in its defence, and have through learning, native ability and heroic courage contributed their labor in placing it upon a true and proper foundation.

To Praxagoras of Cos, the last of the Asclepiadæ, we are indebted for the first practical observation in regard to the pulse-rate in disease. Aristotle, philosopher, scholar and teacher, the first of the peripatetics, the favorite pupil of Plato, the instructor of Alexander, the father of modern psychology as well as of natural science, was in the latter department the creator of classifications which retained supremacy for centuries. It is to the works of this learned man that we must resort in order to appreciate what was taught concerning human anatomy; his knowledge was culled chiefly through collateral information obtained from a study of the structure of the lower animals. A perusal of his works shows how far he was in advance of his illustrious predecessors. This much for Grecian learning and Grecian advancement of medicine I have felt constrained to say in order to render intelligible the thread of my discourse. Would that I could dwell longer upon the achievements of this great people. How pleasant to recall to mind the grandeur of ancient Greece! In military conquests she stood unrivaled; in architecture she established principles which remain predominant to the present time. Sculpture in her hands reached that stage of perfection which has never been excelled by any other nation of ancient or modern times. These works of art were but a reflex of the nation's learning and culture. How wonderful that any of them should have withstood the corroding and devastating hand of time. In sculpture, how perfect are her types, how fine her delineations; they convey to the mind the exactitude of the outlines they are intended to portray. What a lesson they teach to those of the present day of the futility of any attempt to improve upon the models they have left behind! How death stands forth in unchallenged rivalry upon the face of th

dying gladiator! Is not the perfection of action portrayed in the Laocoön? With what grace and beauty of outline has Venus de Medici been endowed? and so I might continue, for the field is as rich in thought as the material is almost unlimited.

In the commencement of the 2nd century B. C., Ptolemy the First, with the aid of Demetrius Phalereus, founded the Alexandrian Library. Books were sought for and purchased from all the known countries of the globe. Jews, Chaldeans, Persians, Ethiopians, Egyptians, Greeks, Romans and others were all made to contribute. The Alexandrian Library was the most complete and comprehensive in the world; it not only rivaled but excelled the public libraries at Athens, and in consequence the scholars from all countries repaired to Alexandria in order to take advantage of the opportunities afforded for information in all the known departments of learning.

The medical men of the time were no exception to the rule, and here they gathered in numbers, not only because they could receive instruction in all departments of medical science, but they had offered them the great additional advantage of witnessing dissection, and of personally dissecting the human body. They could enjoy the teachings of Horophilus, Erasistratus and others, who taught them of the bones, muscles, internal organs, etc. The former made extensive investigations concerning the location, distribution and functions of the lacteal vessels and the mesenteric glands; the latter was considered most erudite respecting the office, distribution and anatomical composition of the nervous system, and is believed to have been the inventor of the catheter. Ammonius, another member of the school, invented an instrument for crushing stone, and while I have no doubt these instruments would at this time be considered crude, the fact carries out the old aphorism, "there is nothing new under the sun."

Upon the establishment of the Alexandrian School, a contest arose as to the tenability of the doctrines of the Dogmatics, which were the accepted opinions of

the learned Greeks deduced from the works of Hippocrates; to these were opposed the followers of Serapion of Alexandria and Philinus, who founded the new school of the Empirics. The contest was long and the struggle bitter between these two, but the more rational doctrines of the latter in the end prevailed. The writings of the men who participated in this discussion have in a great measure perished, and but for the preservative care of Celsus, who gives us a condensed statement of their ideas and opinions, but little would be known of this controversy at the present time. While her neighbors, Greece and Egypt, were bending their energies to compass medicine, Rome, strange to relate, was destitute of almost all knowledge of medical science. For six hundred years after her foundation she trusted more to the superstition of the age than to medicaments for relief in disease. In time of pestilence the Sibylline Books were usually consulted, and by following their mandates, epidemics were supposed to disappear; or again, a temple was erected to Apollo or Æsculapius, and these respective gods were relied upon to suppress disease. Even Cato the Censor believed that charms and incantations could break the spell. How puerile all this appears to us in the nineteenth century! We who have received our impressions in regard to the Romans from their language, literature and learning, which have become the heritage of the educated throughout the civilized world! The mother of the science of government, the parent of civil law, which became the fundamental and organic principle that underlies the laws of the Teuton and Latin speaking races of the present day—Rome, the eternal city, with her magnificent public buildings, her triumphal arches, her gorgeous temples, her obelisks, proud trophies of conquest brought from the domain of her neighbor across the sea—Rome, with her splendid gardens, her extensive libraries, luxurious baths, her amphitheatres of magnificent amplitude, and all the concomitant evidences of wealth, luxury and civilization—how profoundly amazing that she should be steeped in

ignorance and wrapped in superstition, so far as human ailments and medicaments were concerned ! Were it not for the testimony of Livy and Pliny, these facts, which hedge her learning and intelligence, would be beyond belief !

It was from Greece that her first physicians came, the most prominent of whom was Asclepiades, the Bithynian, who in the first half of the second century became conspicuous as a writer and philosopher. He was of the Epicurian school of philosophy and in medicine a methodistic. He was the first of the writers who drew a distinction between acute and chronic diseases. Themison, his co-laborer in methodistics also removed to Rome, and there rose to great prominence in his profession. To Celsus is awarded the distinction of being the most learned and versatile of Roman medical authors ; he lived in Rome during the 1st century, and by no means restricted himself to medical authorship, but wrote extensive treatises on philosophy, rhetoric and architecture. In his medical works he points out the progress that medicine has made up to his time, and minutely describes the advances made in surgery, from the knowledge of anatomy acquired through the Alexandrian school. In surgery he treats of many of the leading operations, of cutting for stone, of reducing and operating for hernia, of cataract, of wounds of the intestines, of trephining in injuries of the head, of the use of the catheter, and how to apply ligatures in divided or injured blood vessels.

Galen of Pergamus followed Celsus at Rome, and with the exception of Hippocrates, was the most distinguished of medical writers who had occupied the attention of the world. For more than one thousand years after the enunciation of his principles, he held supreme sway in the schools and his dicta were virtually absolute. He was a most voluminous writer, and there are still extant eighty-three of his treatises and fifteen of his commentaries on the works of Hippocrates. His most valuable books are those devoted to anatomy and physiology. Dioscorides of the same period became greatly distinguished as a scholar

and writer, his work on *materia medica* remained the standard authority for fourteen hundred years. He ranked second only to Galen, and probably may be considered to have been his equal.

Think of this, O Alumni! Which of the many distinguished and ambitious authors among you expect the principles of medicine you énonciate to last one thousand years as did those of Galen, or the therapeutics you teach to-day, to live fourteen hundred years as did those of Dioscorides?

And now medicine began to participate in the decline which had already seized upon the other departments of learning, the time of the dark ages was close at hand, that blighting pall which was destined to spread over Europe and paralyze its endeavor, both moral and intellectual, for more than one thousand years. It was the blackness of despair, the destroyer of all hope, and like the persistent power of the mighty ocean, throwing wave after wave against a stranded bark, it seemed as if time and attrition were destined to work out the destruction of all that was desirable, to annihilate all that was good. Few and far between were the works of authors after the commencement of the decline, but most creditably are to be mentioned the writings of Oribasius of the 4th, Actius of the 5th, Alexander Trallianus of the 6th, and Paulus Ægineta of the 7th centuries. From this time onward the practice of medicine began to fall into the hands of the priesthood and suffered much thereby; it was the day when the marvelous and the miraculous were uppermost in the minds of men; it was a virtual return to the confusion that had existed centuries before; it was a mingling of the supernatural with the practical and material. It was the time of treating disease through the occult influence of prayer for supernatural intervention, and the minor influence of drugs. The Christian horror of dissection stopped the pursuit of anatomy, books were few, and the instructions of the past in this department were almost forgotten. No priest could be guilty of the sacrilege of shedding human blood. Surgery

was therefore practically abandoned by them, and fell into the hands of the charlatan and ignoramus, to become later on an appendage to the barber's art. It was not until the commencement of the 15th century that this department of learning was once more restored to its former dignity and became a part of the education of the medical man. During the decline of letters in Europe the Arab became the preservator of such facts as had up to that time been ascertained in connection with medicine, and as the fanatical decree of a Mohammedan Caliph (Omer) had doomed the Alexandrian Library to destruction, it was but meet and proper that the same race should make subsequent restitution to the nations of the world, for the outrage which one of their great military captains had perpetrated. They contributed little that was original to medical literature, but their writings prove invaluable as compilations from Greek and Roman authors, especially from the works of Galen whose peculiar views, and finely drawn distinctions were particularly captivating to the bent of their minds. It was in this way that knowledge of medicine was preserved.

Upon the occupation of Spain by the Moors, the Europeans came in contact with their medical writings, and became more or less familiar with what had been taught in the medical schools of Europe and the East. The names of Razes, Ali Abbas, Avicenna, Albucasis, with their Moorish brethren Avenzoar and Averroes, deserve to be remembered with gratitude by all who followed after them; they preserved, through their voluminous works, the valuable writings of the past, and made their own contributions to medical knowledge. It is in two directions that the writings of the Arabians are of special interest; from them are derived the first distinct account of eruptive fevers; they divided them into two forms, variola (small pox) and morbilli, the little pests, the latter embracing measles, and scarlet fever. Whether they understood the other known forms of eruptive fevers cannot be satisfactorily determined. In the pursuit of the study of al-

chemistry they discovered many of the principles upon which chemistry was subsequently built, and in their experiments stumbled upon the laws of distillation, giving us distilled liquors. They produced some of the metallic salts, and introduced many of the drugs indigenous to the East, and many valuable pharmaceutical preparations. Besides the science of medicine, the Mahommedan has laid us under obligations in other directions—we are indebted to him for the science of Algebra: he gave us the figures of Arithmetic, the manner of using the cipher and placing the figures, exhibiting in these two sciences alone a genius alike fertile and practical. If he had done nothing more, he should command the universal gratitude and admiration of the civilized world. While the wise men (the religious men) of Europe were enunciating dogmas concerning the shape of the earth, and denouncing as heretics those who accepted its spheroidity, the learned Caliph Al-Maimon was determining the length of a degree along the shore of the Red Sea. The table of signs, the nature of twilight, and the essential laws for atmospheric refraction in astronomical observations, all come from him. The residence of the Moor in Spain and his government of the country for eight centuries, made an impress upon her literature and learning which was felt throughout Europe. I will not detain you by telling you of the grandeur and magnificence of his architectural designs, of the manner in which he portrays his love for the beautiful and ornamental, of his love for landscape gardening and of his high appreciation of the blending of the grandeur of nature with the mellowing influence of art. Does not what is left of all this in Spain, declare the cunning and greatness of the handiwork of the Moor?

From the 9th to the 13th century the Jews turned their attention to medicine; their information was chiefly acquired from those with whom they came in contact in the course of trade. They became distinguished in many instances, and even excelled their medical cotemporaries (the monks and priests). The learned and those in high

places frequently patronized them, and the Pontiffs, forgetting the aversion they had for their Hebrew brethren, sometimes sent for them in emergencies. While learning and letters were at so low an ebb, it was singular that at Salerno a school was kept up during the period of the dark ages. It was said to have been founded at the time of the destruction of the Alexandrian Library, and to have remained in continuous operation from that time till the revival of letters. At the beginning of the 8th century it became widely known and continued to advance in reputation and importance to the completion of the 13th century, at which time activity sprung up in the universities throughout Europe. John of Milan, was at one time connected with this school of medicine and gave to the college much reputation as a writer. Another prominent instructor was Constantius Africanus, banished from his country as a sorcerer, he taught for a time at Salerno. So highly appreciated was this school during the reign of Frederick II of Naples, that he issued an edict forbidding any one to practice in his dominions without a diploma from Salerno. Students offering for graduation were required to pass an examination upon the first book of Avicenna, the aphorisms of Hippocrates, and the therapeutics of Galen; then after taking an oath to be pure in life, submissive to the laws, to attend the poor gratuitously, and not to share the profits of the apothecary, they received their diplomas. Thrown thus upon their own resources, and with the scanty knowledge given them by their august professors, they must have proved themselves formidable barriers to the beneficent course of nature in disease, and doubtless struck many and hard blows, which hurried the patients to eternity.

The commencement of the 13th century marks a new era in medicine, for from that time medical science became a part of the education at the universities, a distinct school for instruction in some, as a rule, being established. The works of the older authors were sought after, and translated from the original Greek, whenever it was practical. A

new impulse was given in this direction when, upon the fall of the capital of the Eastern Empire (Constantinople), in 1456, the educated class of Greeks generally sought refuge in the western part of Europe; they brought with them valuable stores of information, and gave to Europe the information they possessed about medicine; the works of Hippocrates, Galen and Dioscorides were speedily translated. This was the first opportunity the universities had for examining the originals; before this time they were compelled to rely upon the Arabic translations.

Medical men at that time, appeared absorbed in an endeavor to discover what had already been written and seemed content to prove what were the dicta of the eminent authors who had gone before them rather than to become investigators themselves, and in this way push forward as innovators and improvers of our science.

Conspicuous amongst them were Foes J. Fernel, Mercuriall and Linacre the last of whom established professorships at Oxford and Cambridge for the purpose of instruction through the works of Hippocrates and Galen. The dogmas of these authors were regarded very much in the same light as the spiritual edicts of the church, they were to be obeyed, not questioned. Late in the 15th century, the repugnance of the religious world had been sufficiently overcome to permit clandestine dissection; prior to this time the enthusiast who was in pursuit of knowledge in this direction ran the risk of losing his life if caught in the undertaking. It is true, Modino of Bologna in 1315 made some dissections, but his religion prevented him from opening the cranium, consequently his publication on this subject contained few additional facts to those which had already been obtained from the works of Galen.

In consequence of the scanty information in this department of science, however, the work by Modino became the text book used in the Italian universities, and so remained for more than three centuries. As we approach the 16th century we find that dissections were more or less common at Paris, Bologna, Padua and Pavia. The year

1543 was made prominent in medicine by the publication of the first treatise upon anatomy by Vesalius, professor of anatomy in the university of Padua. The age was one of great activity in this direction, as the works of Columbus, the successor of Vesalius, Eustachius and Fallopius attest: they not only confirmed the teachings of Vesalius but enlarged and increased the information contained in his writings. The art of printing had become practically understood throughout Europe, and in the year 1500 two hundred presses were engaged in turning out books and other printed matter, and the dissemination of knowledge became more rapid and general in all the departments of learning. Like anatomy, surgery commenced to improve: unfortunately for this branch of science, it had virtually fallen into the hands of the barbers, but to this there were occasional exceptions. Gui-de-Chauliac, a learned priest, overcoming any religious scruples he may have had, became a prominent surgeon and was the first of the men of this period to write a book on the subject; it bears date 1363. In the 16th century the distinguished anatomists above referred to were likewise prominent surgeons. The greatest improvements in surgery, however, were brought about by Ambrose Paré, a barber-surgeon, in the early part of the 17th century; he was a man of great originality and observation; he proved to the profession that it was not essential to cauterize wounds with boiling oil and other substances, as had been in general use, but advised and put in practice the ligation of arteries for hemorrhage arising from gunshot wounds. This was with Paré an original idea, worked out by a series of experiments, the suggestion of Celsus on this subject having been buried beneath the forgotten lore of the past. I will not attempt to portray succinctly the regular advance of medicine further, but will rapidly review some of the important events which took place before the beginning of the 19th century. The school of the Alchemists is unworthy of more than a passing notice: Paracelsus was their principal leader; they pulled down much and built up little. In the 15th, 16th and 17th centuries much

was evolved both in the discovery of new diseases and the application of new remedies. During the year 1494 came syphilis—or rather that is the first year it was recognized as such and described. The French called it the Neapolitan disease; the latter returned the compliment by naming it for their adversaries the French. The world at large believed it to be a special visitation of Providence to chastise men for their incontinence, and to force them to obey the laws of monogamy; others again believed that it had been brought from across the water by the crews which accompanied Columbus on his first voyage of discovery and considered it a rebuke to the prying curiosity of European civilization. Although the disease had never been described by any writer, previous to this date, it is not reasonable to suppose that it sprung up at this period, but like many other maladies, it may have been coeval with man, and escaped observation.

The discovery of the circulation of the blood by Harvey in 1628 marks another important event in medicine. He taught this doctrine for ten years before publishing it to the world, and although he encountered long and bitter opposition, he lived to see the day when it became relatively accepted by the world at large. This was followed in 1661 by Malpighi, who by the aid of the microscope demonstrated the course pursued by the blood globules in the general circulation, and by Leuwenhoek, some thirty years thereafter, their course through the capillaries. Malpighi in 1661 laid the profession under additional obligations by demonstrating the vesicular character of the lungs. In 1662 Gaspard Asseli described the lacteal vessels, and a few years after Jean Pecquet discovered the receptacle which bears his name, and the thoracic duct from its origin to its termination. In 1639 came Peruvian bark, introduced into Spain by the Countess Cinchon and known as Jesuits' bark, it having been obtained by one of that ubiquitous order, who travel everywhere, bent upon the propagation of their religion, but at the same time sufficiently alert to recognize whatever might prove of use to their fellow man.

The discovery of Jenner in 1798 of vaccination with its attendant results, produced a radical change in the effects of small-pox upon the population of Europe. It would be an act of supererogation upon my part before this audience to enter into an account of how he reached his conclusions and to give the minutiae involved in his manner of proceeding, nor is it necessary to make more than a passing allusion to the distinguished lady, who, before Jenner, had showed to the British profession how the horrors of this disease might be mitigated through inoculation. Reviled and scoffed at as being little better than a witch or sorceress, denounced from the pulpit by some of London's most eminent divines, yet in the end she received at the hands of the people her vindication, and she stands to-day pre-eminently forward as the most distinguished woman of her day and generation.

I will not attempt to describe the special doctrines and theories of the chemical school founded by Francis du Bois in 1658; his peculiar views were so ably and ingeniously advanced, they captured for the time the profession to a great extent. Both Willis and Thomas Sydenham were mentioned amongst his adherents. I will not dwell upon the origin of what was known as the mathematical school fathered by Alphonse Borelli. This school sprang up almost simultaneously with that of the chemical, and had many eminent followers throughout Europe. Friend, Mead and Pitcairn of England; Boerhaave and Bernoulli of Germany; Sauvages and Senac of France, were all adherents of this school. The inherent principles contained in each were so exclusive and dogmatic in nature as to carry the germs of self-destruction within them; they ignored the laws of vitality and the processes directed and governed thereby, and sought to bring all the operations of the human body within the domain of chemical force on the one hand, and the laws of dynamics on the other.

Late in the 18th century Boissier de Sauvages of Montpellier rendered an invaluable service to medicine by writing a treatise upon nosology, and this was supplemented,

enlarged and improved upon by Cullen of Scotland in 1772. Of course much that was stated has been proved fallacious, for great has been the improvement in the art of diagnosis, and time has brought about experience in studying diseases. Owing to the obscurity in which the subject was involved at the time these great men published their works, they placed medicine under an obligation which will remain as long as time lasts or our science continues to be regarded as essential to society.

And now we come to the progress of medicine from the commencement of the 19th century down to the present time. I will not attempt to trace its history through the writings of the great men who have left their impress behind them, nor will I attempt even to mention the names of many of those who were eminent as inventors, writers or operators, but I will endeavor to account for the progress and development of medicine during the 19th century, and it is but proper to state that more has been accomplished in the past eighty-six years in widening and extending its usefulness and in placing it upon a more scientific basis than in the preceding five centuries. Further, since 1860, that is within the past twenty-six years, its progress has been more marked than in the sixty years before.

First, there came a division of labor; writers no longer aspired to be encyclopedic, but were disposed to select either the theory and practice of medicine, or surgery, or some one of the subordinate departments of these grand divisions. Then came a rapid and further advance in the collateral departments essential to the development and progress of medicine and surgery, as well as those that were necessary to carry out directly the principles involved in them.

Anatomy, notwithstanding the labor and time which had been previously spent upon it, remained in a most imperfect condition, when Bichât, about the commencement of the present century, through his original mind, systematized the science of anatomy, and added much to it by his study of histology. By the aid of the microscope, com-

parative and general anatomy had been well advanced; it was not however until 1832, by means of the improved compound microscope, that minute anatomy commenced to be studied with that care which was essential to the proper development of that branch of the subject. To Schwann should be given the credit of the discovery of the basis of construction of all the human tissues, by means of their own peculiar cells. Then it was that anatomy reached that stage of perfection which permitted it to be brought to its present standard, and enabled Horner, Gray and others to offer to us their valuable works. From the time of the acceptance of Schwann's views, proper investigation in regard to morbid or pathological anatomy may be said to have commenced, and hence arose the useful and comprehensive works of Virchow and others. Where these investigations are to end, who at the present time can foretell? The horizon of our discernment is too restricted to make a prediction upon so important a matter; the time may come, and at a day not far distant, when the laws which we consider as established in regard to pathological anatomy may be overturned and all our preconceived views fall with them.

In physiology, the proper comprehension of which is indispensable before the laws of disease can be fully appreciated, this epoch has been fruitful in results. Banishing from the field of investigation, because incomprehensible, the animating principle of life, and accepting the declaration of Bichât, "Life is the sum total of the functions which resist death," we have been able more clearly to comprehend and investigate the laws of health and the perfective co-operation of the component parts, tissues, organs and secretions peculiar to man. The vital principle of course being always held as the predominant essential of human existence, governing and guiding all that relates to life.

Chemistry and minute anatomy have come largely to the assistance of the physiologist in unravelling much that has heretofore been considered as not only incomprehensible, but beyond the ken of man. We are especially under ob-

ligations to the investigators of the present century for enlarging and broadening the views that had been previously entertained concerning the action of the various organs involved in digestion and secretion, depriving many of the organs above referred to of any peculiar innate principle save that of elaborating their own special secretions, and finding in these secretions certain inherent principles that are chemical in their nature, and act upon food under the proper degree of elevation in the laboratory, in a kindred manner to that displayed under the directing vital force. They in this manner discovered that many of the functions of the body were performed under purely chemical and physical laws.

It is in the investigation of the functions of the nervous system that this period has proved fertile and ingenious. All the laws governing the cerebro-spinal and sympathetic nervous systems have been studied and explained so far as these laws, with our present knowledge can be comprehended. The determination of the various functions of the brain, the governing action of the medulla oblongata and the spinal cord, the localization of special ganglia which preside over the functions of the various parts of the body, the manner in which the sympathetic governs the vascular circulation, and the mutual co-operation of the two systems throughout the body, have all been most forcibly described. Especially important has been the discovery by Brown-Sequard and his co-laborers, of localized points in the brain, their offices, and the manner in which they act under injury and disease. In this way surgery has been greatly aided and relief given in conditions which heretofore have been considered as inevitably fatal. Especially is this the case in certain conditions of bone depression, in penetrating wounds, in effusions, in the formation of abscesses, and, above all, in determining the location, through bodily manifestations, of brain tumors, thus enabling the surgeon, who is a practical physiologist, to determine and eradicate the mischievous cause.

Chemistry, the offspring of Alchemy, the bequest of the Egyptian through the Arab to the European, has proved no laggard in the contest for advancement and improvement through the centuries in which she has been recognized as a science. Her advancement and discoveries, embracing the period from the last and the commencement of the present century, have been most marked. During this time how rich the field, how industrious her votaries, how astounding the truths which they rescued from the obscurity in which they lay hidden. At this time Lavoisier gave us the laws of the combination of bodies. Priestly discovered oxygen. Guyton de Morveau in 1782 created a nomenclature, which, with slight modifications by Lavoisier, Berthollet and Fourcroy, and accepted by him, continued as the predominating system to within the past few years. Berthollet produced his great work on affinities, Bergman and Lavoisier gave the laws governing quantitative analysis; many of the methods of Klaproth in the same branch, in their accuracy and usefulness, have not been improved upon to the present time. Fauquelier discussed the laws of analysis governing mineral bodies. Menzel and Ritcher determined the law of the combination of bodies through chemical equivalents. It was reserved for Dalton to offer to the scientist the first tangible mathematical conception in regard to the combination of bodies by means of atoms. Swiftly upon his heels came Gay-Lussac with his views in regard to volumetric combination. Berzelius and Hesringer in 1803 demonstrated the power of galvanism in decomposing bodies. Sir Humphry Davy, the greatest of his day in the science of chemistry, added much to electro-chemistry. Chevreul discovered and treated of the fat acids and their combinations. Liebig and Pasteur, names always to be remembered, how great their achievements, how varied and extensive their contributions to the science of chemistry! Ever thus is science moving onward; the stirring activity of the hour promises much, and what it will in the end attain, the future alone can determine.

Time will not permit me, in order to keep within the

scope of this address, to give more than a passing notice of *Materia Medica* and Pharmacy. I know that my audience is familiar with the improvements that are daily taking place in these branches; in the former, rich contributions are continually made through the practical workings of clinical observation; in the latter, drugs and medicines are being reduced from their crude state, their virtues extracted and condensed, and every variety of means resorted to in order to render them more permanent, more active in character, and more agreeable to the palate.

How can we properly discriminate when we come to the department of the practice of medicine. The contributors to the literature of this subject are most numerous, and rich is the field of medical literature in this branch throughout Germany, Italy, France, England and America. The writers during the different periods of this century bear witness to the ceaseless changes that are constantly taking place in the practice of medicine. The views expressed by one set of authors are scarcely announced, ere the resistless demand for improvement and advance, call for the remodeling of lines of thought to meet the requirements of the hour. Not that the age is capriciously swayed by the desire "for change for the sake of change," but clinical experience, pathological observation, the better and more minute study of disease, are continuously evolving something new, which of necessity requires the recasting of opinion. The most important of all the discoveries made within the past eighty years, was the ability to discriminate in many of the diseases of the body by means of auscultation and percussion. To Laennec in 1819 is due the credit of systematizing what had been previously found out in this direction, and, while it is true, as heretofore stated, that Hippocrates is said to have practised auscultation, and that Hooke and Auenburg in the 17th century had suggested the possible advantage in diagnosis of certain sounds emitted from the body in disease, these suggestions lay dormant until Corvisart, Double, Bayle and Laennec commenced their investigations; the latter

was much indebted to the labor of his cotemporaries for the principles underlying the system. He rescued what was essential from the vagueness and uncertainty with which it was surrounded, and arranged in a concise manner what was known upon the subject. Appreciating the necessity for an instrument to intensify sound he invented the stethoscope; it would be superfluous for me to dwell upon this subject; we have fallen upon times so happy, that he would be considered a tyro indeed who did not at least affect a full knowledge of auscultation and percussion. The sphygmograph was another invention by no means insignificant, enabling the physician to recognize nice distinctions in regard to the tensile force, and the vibratory motion in arterial circulation. As to the hypodermic syringe and the thermometer, their universal use attests their value; those of us who were educated to rely upon the sense of touch to determine the temperature of the body in fevers, learned at an early period after the adoption of the thermometer, how frequently we had been led astray, and how often our conclusions were erroneous. To this period belongs the introduction of the endoscope, and the opening up to external vision of the interior canals and cavities.

The tendency of the present time, as before mentioned, is to the division of medicine into special departments, and the result is a higher order of attainment in it as a whole. The practice of medicine is no exception to the rule, and while there appears a disposition upon the part of the profession to decry the advantages, that are claimed to be brought about, by this division of labor, the sentiment arises rather from a want of proper consideration of the subject than from any inherent defect that lies within the policy itself. It is true that to become a competent specialist one must be familiar with the fundamental principles of medicine, and these remarks are intended to embrace the latter class and these alone. How valuable were the contributions in 1830 to 1840 of Richard Bright in regard to certain morbid conditions of the kidney; what

a rich field for investigation it offered, and what a flood of light he threw upon conditions that were previously considered as constitutional and general! It opened up a therapeutical avenue which up to that time had been entirely unknown. Of what benefit were alike the investigations in the department of the diseases of the nervous system, in the diseases peculiar to women, and so I might continue, did time permit, in depicting the advantages that arose from this manner of special investigation.

The achievements in surgery have been greater during the nineteenth century than in all the other centuries combined. Permit me cursorily to review some of the more important advances that have been made. It gave us the amputations at the hip and shoulder joints, the resection and removal of portions of the upper and lower jaws, as well as the entire removal of each, the resection of bones at the joints with the preservation of the periosteum, and the development thereby of new bone, the ligature of the arteries within the trunk, and at their points of departure from the body, the various operations for cleft and deficient palate, partial amputations at the foot, after the manner of Pirogoff, Malgaigne, Syme, Chopart and Lisfranc. The operations for opening the upper air passages in cases of asphyxia, the process for repairing disunited fractures, the successful treatment of calculus by lithotrity, the treatment of Hare-lip and club-foot. It improved the methods of remodeling the nose, lip, and other facial deformities by transplantation of tissue; it likewise improved the treatment of ulcers, abscesses, and sinuses; it extended our knowledge of tumors, brought them under proper classification, pointed out their predominating characteristics and the required treatment. The manner of treating internal aneurisms by ligature and by electricity; treatment by improved methods of varicose veins; the extirpation of the larynx, the removal of the thyroid gland; treatment of gun-shot and penetrating wounds of the chest and abdomen; removal of fluids from cavities and abscesses by means of the aspirator; removal of the kidney,

spleen, the uterus, and the various tumors found in the abdominal cavity. It taught us how to remove the pus collected in abscess of the liver, how to relieve the gall bladder of foreign contents, how to resect portions of the stomach and the bowel, how to extirpate the inferior portion of the rectum. It gave us Sim's speculum, thereby producing a revolution in the practice and surgery of gynecology; it gave us his metallic suture, and taught us better methods of applying all sutures. It has given many appliances for the treatment of fractures and dislocations, all looking to fixation and immobility during the process of repair. It has impressed upon us the necessity of cleanliness in the treatment of injuries and surgical operations; likewise the necessity for the use of antiseptics and germicides. In the oral, laryngeal and ophthalmic departments, the improvements are innumerable. In 1851 was produced the ophthalmoscope, and in 1857 the laryngoscope, so essential to the surgery of the eye and throat. It has rendered the division of surgery into different departments indispensable for the better improvement of its methods, and thus compassed its rapid progress as a science. Better, and of far greater importance than all, it gave us anæsthetics, for the greatest strides have been made since their introduction. Operations prior to that time which had been considered impracticable, were found to be within the bounds of surgical undertaking. The days for the performance of rapidly-executed manœuvres were numbered, and the element of time no longer played an important role in meeting indispensable conditions. Conservatism became the order of the day, whenever it was legitimate to exercise its requirements. How many limbs have been saved, how many deformities overcome, how many patients rescued from death! By the aid of anæsthetics, brain surgery has been rendered more easy; the trephine has been brought into more general use, tumors of the brain have been removed, pus cavities opened, serum let out and bone elevation rendered less difficult, the abdominal cavity has been opened, the kidneys, spleen and uterus have been extir-

pated, the stomach and bowel resected, and great achievements in ovariectomy and abdominal tumors accomplished; in all the departments of surgery where minuteness of observation, skill and care in operating were required, they have been found indispensable. We have fallen upon happy times; we, who practice this art, have passed beyond the day of radical requirements. The predominating idea is no longer how we can get rid of an offending member, it is rather what can be done to preserve and render it useful to its possessor. What results have been brought about in this line by means of resection! Many a limb which previously would have been condemned, has been preserved and made to perform its functions. The laws of limitation have been extended to that point where vital force, and the power of recuperation, will bring within their compass the power of preservation.

While mentioning improvements and inventions made during this century, I cannot omit a reference to mechanical inventions of special character. Who can remember without feelings of delight and pleasure, the great results obtained in overcoming disease and deformity of the spine by means of the plaster jacket, the product of the fertile brain of one of America's greatest specialists (Sayre), and from the same source the ingenious appliances for overcoming diseases of joints and limb deformities. It is with especial pride we call to mind the practical conception of Bigelow for crushing stone and washing out the bladder, and the still greater achievements of him who stood pre-eminent, the immortal Sims, the pioneer of gynecological and abdominal surgery! The fundamental truths established by him will be remembered, their practical utility recognized, and their principles applied, so long as surgery continues to be practised as a science.

The fatality attendant upon certain of the capital operations in surgery, especially in those where the abdominal cavity was opened, awakened the greatest interest and the most extensive speculations as to the cause and origin of the diseases, which followed in the path of the operating sur-

geon. This was especially the case in regard to septicaemia, pyaemia, erysipelas and other allied diseases. Simultaneously sprung up investigations as to the origin of disease in general. The special cause that gave genesis to disease was abandoned to the field of the unknown, when the scientific world was suddenly awakened from its apathy by the investigations of Pasteur, Koch, Cohn, Tyndal and others, and the publication of their peculiar views as to the primary causes of the various maladies which afflict the human family. Do not understand me for a moment as asserting that ideas akin to those above expressed had not occurred to minds equally as active, but owing to the want of proper instruments for minute investigations, they fell short of the discoveries made by our cotemporaries. The latter were enabled through the improved microscopical means at their command, to descry and outline the minute organisms which lay plainly defined beneath the lenses, the family of schizomycetes or bacteria, the little mites that were destined to revolutionize the medical world, concerning its conceptions as to the causes of disease. How firmly established they are for the present we all well know; what is to be the period of their endurance who would have the hardihood to declare? Perhaps they are to remain with us permanently, perhaps their tenure of supremacy lies in the immediate beyond. Be this as it may, we have them now with us, and what revolutions they are working in regard to our previous conceptions of the laws of disease, whether for good or for evil, time alone can tell. Let us hope the general agitation, which is always attendant upon the introduction of ideas and opinions at variance with those we have entertained, may be the means of producing results which will be of permanent benefit to medicine at large!

In surgery, the adherents of this school teach us to beware of the incursions of these terrific minutes, these *bêtes noires*; real Goths and Vandals they declare them to be, and in order to render them harmless, certain drugs as germ destroyers, certain appliances of a mechanical

nature, and certain details are described, which are to be religiously carried out. All has not been smooth and fair sailing with these enthusiasts; opposition to their views has been boldly declared, and veritable iconoclasts have arisen to dethrone this idol of the hour. Who can witness without the keenest interest, the discussions that are constantly taking place upon this subject? Sir Joseph Lister has his following, Mr. Keith has his, while Mr. Tait and his adherents are by no means driven from the field.

The agitation of this question has brought about valuable reforms, and none so much so as the concession made by all, that cleanliness and minute attention to detail are indispensable in all leading surgical operations.

With a due degree of hesitancy upon my part, and disclaiming any disposition to dogmatise, this much I desire to declare as a matter of opinion, that in all operations where the abdominal cavity is opened, it is essential that all blood should be removed before closing the incision, for I firmly believe that the decomposition of blood (the putrefactive decomposition) is the prime cause, I had nearly said the sole cause, of producing those affections which are recognized as so destructive to life.

How pleasant it would be to examine this subject more in detail, but a proper regard for my audience reminds me that their powers of endurance may be overtaxed. How auspicious are the times upon which we have fallen, how marked the progress of the world in all the departments of learning; in none more so than in that of our own beloved science. Throughout the civilized world active, industrious, painstaking investigators are hourly at work, endeavoring to evolve something valuable, to be contributed to the general stock of knowledge; we are truly in an age of rapid advance and active improvement. The means of intercommunication between nations have so improved of late, there is no thought valuable in its nature when coined into expression, but it at once becomes the common property of the world. This continued interchange of thought, this organization of scientific brotherhood, where lie the limits

of its capabilities, where will its usefulness and ultimate attainments end? An all-wise Providence has placed lines of limitation to the mental conceptions of man; it is reasonable to infer that the restless activity of the human brain will never cease until this goal is reached. I trust I will not be considered irreverent if I give voice to the expression, would that we could be spared to witness the zenith of knowledge which the department of medicine is in the end to reach! Though this cannot be, we have the consoling reflection that the time in which we live has untold advantages, and we have not been slow to embrace them. In addition to this, who can gaze without admiring enthusiasm upon the philanthropic tendencies of our age? What efforts are being made by the medical profession to improve mankind; how the laws of health have been studied, and the knowledge acquired given without pecuniary recompense to the world! We look with admiring wonder upon the charities and benefits conferred by those in civil life to humanity at large. This is a period in which hospitals are founded, dispensaries established, homes for the maimed, aged and infirm erected, colleges endowed—indeed, in every way does wealth endeavor to foster, encourage, and extend the usefulness of medicine.

Who can recall to mind without feelings of the deepest emotion of pride and admiration, the liberal donation of New York's munificent son, recently made for the promotion of medical education? Is it unreasonable to suppose that there are others who will follow his praiseworthy example? I trust that in the near future some one of the many philanthropic men, which this city happily possesses, may be found to be equally willing to promote the cause of medical science, by richly endowing this our own Alma Mater.

Our Alma Mater! Pardon me if I add a word more in this connection. I remember, when a lad, with what intense interest I listened to my father when he told me of the men who organized this school, and with whom he was personally acquainted; of George McClellan, to whose

genius and labor the existence of this institution is probably due; of Granville Sharp Patterson, Eberle, Smith, Green and others of that day, and this college. That indelible impression which the mind of youth alone can receive, and most of all from a father's tongue, was strong upon me when more than thirty years ago I matriculated here. I did not feel a stranger to these halls, when it was my privilege to listen to Dunglison, the erudite man and fluent speaker; Huston, clear-headed and honest; Joseph Pancoast, the accomplished anatomist and born surgeon; Mitchell, the polished gentleman and scholar; Ch. D. Meigs, brilliant, great and good; Franklin Bache, the learned chemist and upright man; and Mutter, eloquent, skillful and beloved; and a few years after when I again attended lectures here, Mutter was dead, and in his stead we had S. D. Gross, then and for many years after the foremost living surgeon in the world.

Great these men seemed to me then, and their characters grow no less with the lapse of time. Through the mists of many years by which they are enshrouded I see them now, the veritable giants which they were. When I look around me to-night and see the present distinguished corps of professors, I know that some future Alumnus filling the place I occupy now, in fitter and more eloquent words, will tell another audience the names of the present faculty, and that they will go down into history as great and grand as those of whom I have just spoken.

These gentlemen are working hard and earnestly to secure that which is so greatly needed, that for which we have longed and prayed, an elevation of the standard of medical education. It is not, I am sure, asking too much of you, brother Alumni, to co-operate with them in this labor. Let us solemnly resolve here to-night, here in these historic halls, in the presence of the illustrious living and surrounded I believe by the spirits of the illustrious dead, to work in conjunction with this faculty, and never leave off striving until the Jefferson Medical College has placed herself before the American public as the chiefest of all others in elevating and perfecting medical science.

Cirrhosis.

By THOS. O. SUMMERS, M. A., M. D. Jacksonville, Fla.

Away back in the iron-hearted days, criminals condemned to death were sometimes placed in a mechanical octagon, so constructed that by the touch of a spring one of its eight sides would suddenly disappear. This was done during the night, and the prisoner woke to find one window less in his contracted home; the next night the spring was touched again with the same result, and so on until the last window being shut out left the prisoner encased in an iron coffin, no more to see the light of day. I know of nothing which more forcibly illustrates the pathological condition of cirrhosis than this awful machinery of death. Some years ago a profound impression was made upon me by a remark of Prof. T. L. Maddin, my former colleague of the University of Nashville, when speaking upon the subject of areolar tissue in one of his inimitable lectures on the Institutes of Medicine, "If it were possible," said he, "to dissect out every other tissue from the organism and leave the connective tissue intact, we should have the most perfect skeleton of the body which can be conceived," and I have often thought since then how strange it is that our pathologists have paid so little attention to this all pervading structure which forms the *organon*, as it were, of all physiological architecture, and instead of wondering at the pathological phenomena originating in a perverted nutrition of this anatomical mould I greatly marvel that it so well preserves its structural integrity. Enveloping as it does the ultimate physiological elements of the most delicate organs, forming, I might go so far as to say, the foundation of all molecular structure, it would be strange indeed if connective tissue changes did not greatly affect the functional activities of the organism and determine pathological expression. It might not be out of place in this connection to review the physiological forms and relations of areolar tissue before we proceed to discuss its perverted nutrition which is to be the burden of this article.

So fundamental is the relation which connective tissue

bears to all parts of the organism that many biologists assume, and with strong rational support, that the ultimate formative cell of this tissue, amœboid in character, and of great general resemblance to the white blood corpuscle—the vital unit of physiology—is really the primordial constructive element of all tissue, depending for its character of development on the nature of its environment. We are not however in the present uncertain state of biological science to accept as more than plausible a theory so profound and of so great practical import in physiological development. It is sufficient however for our present purpose to suggest such an hypothesis that we may secure that attention to the subject which its importance demands.

There are three (3) kinds of cells which have been remarked in the varieties of connective tissue.

1. *The branched or polar cells* which greatly resemble nerve cells and are often mistaken for them by the careless observer. These poles or branches spread out from the cells and anastomosing with others, form layers of network which with the intercellular substance give us the simplest form of connective tissue as in flattened tendon corpuscles.

2. *The amœboid cells* are nearly spherical in shape. As I have stated above they bear such a resemblance to colorless blood corpuscles, that many eminent pathologists claim that they are veritable leucocytes. They certainly do possess nucleï within a field of granular protoplasm, and as their name signifies change their form like genuine amœbæ and also move about apparently at will. It still remains a matter of doubt whether or not these are independent cells or simply migrated white blood corpuscles. I shall endeavor to show as I proceed that under either hypothesis the practical developmental issue is the same.

3. Besides these, Waldeyer has directed our attention to a large connective tissue cell, granular, sluggish in movement and filled with a plasma different from the ordinary bioplasm or protoplasm of formative cells in general. To

this I have given the name of *Neoplasm* on account of its capacity to construct different characters of *formed material* under varying conditions of environment.

The inter-cellular substance of areolar tissue may be either *fibrillar* or *homogeneous*—indeed the areolar tissue cell may exist independently of a stroma, and maintain an existence which in certain pathological conditions is entirely apart from the ordinary expression of functional activity in cellular life. In the fibrous tissues and in cartilage we meet with two kinds of fibres, white and yellow elastic. White fibres are generally arranged so as to produce a texture similar to felt, pressed together as it were in an apparently homogeneous mass.*

The yellow elastic tissue is too well known to require notice in this connection, and I merely refer to it as showing how strong a structure the connective tissue cell may develop.

It is with areolar tissue proper that we are concerned in a discussion of cirrhosis. This variety of connective tissue has a very wide distribution through the organism. It supports the skin, mucous and serous membranes forming what anatomists designate as subcutaneous, submucous and subserous tissue. It forms the outer sheaths of the blood vessels, sheaths for muscles, nerves, glands, and internal organs dipping down into their interior, supporting and connecting the most delicate structures.

As regards the function of connective tissue I feel constrained to differ with the ordinarily accepted physiology of the day that the main function is mechanical rather than vital. Most of our authors upon physiology stop with the easy assertion that "areolar tissue fulfils the subsidiary but important use of supporting and connecting the various tissues and organs of the body."

It is true that in all parenchymatous structures the trabeculæ of connective tissue form an interstitial framework in which the specially active tissue is lodged; but I am far

*Kirkes recommends lime or baryta water for dissolving the cementing inter-fibrillar substance and separating the fibres from each other. Common salt is equally as good.

from believing that this is its sole function. In muscles and nerves the septa of areolar tissue support the bundles of fibres which form the essential part of the structure, but they do more than this: they serve as media of communication with nutritive material on the outside of the parenchyma—a sort of exoteric *trophos*, if I can appropriate the word to this signification. The albuminous cement substance, as it has been called, is the product of these plasma cells, and is, under certain circumstances, organizable into tissue. If the osmotic relations of this cement substance and the nutritive plasma of the blood should be such as to allow of free admixture through the walls of the blood vessels, we shall have supernumerary layers of areolar tissue deposited, which, when once formed after the analogy of the “formed material” of Dr. Beale, become fixed and permanent.

As far back as 1871, when the great tweedle-dum and tweedle-dee discussion between Profs. Huxley and Beale as to whether the baby should be named protoplasm or bioplasm was going on, I took occasion to interrogate Dr. Beale upon the nature of what he designated as “formed material” in cellular development, and I feel now assured that this very resultant of the cellular forces will fully explain this hypertrophic condition of areolar tissue which pathologists call *cirrhosis*.

Once deposited, these supernumerary layers become component parts of the invested tissue or organ, and nothing but absorption or destruction will open the way to restoration of function. Fortunate indeed is it for the integrity of the organism that these osmotic relations do not oftener exist, but the wonder still remains that it does so seldom occur.

How easily this plasma may be solidified into tissue may be seen in the products of adhesive inflammation in serous membranes, and I take it that no anatomist has ever opened a thoracic cavity without finding an example of it. The more I reflect upon the constructive potency of the connective tissue cell the more convinced I am that many

obscure pathological conditions can be referred to its perverted function for etiological explanation. How wisely has nature sparingly supplied these connective tissues with blood vessels and how cautiously has she interposed aplastic fluids between delicate organs and their investing membranes! Were it otherwise it were possible upon the slightest irritation to solidify the nutritive channels of the organism like a frozen sea locking in its icy embrace its thousands of living forms. Upon the verge of such possibilities as these the pathologist may well stop and tremble. I now return to my word *neoplasm* to explain the various forms of development which connective tissue is liable to take on.

After a careful survey of areolar pathogeny I have divided it into five forms:

1. Simple hypertrophy.
2. Plastic infiltration.
3. Homologous deposit.
4. Heterologous formation.
5. Histophagic absorption.

1. *Simple Hypertrophy*. There is perhaps no tissue in the organism in which the conditions for hypertrophy are more favorable and constant than are found in connective tissue. And this would lead us *a priori* to infer that the cirrhotic condition would be a very common pathological occurrence, but a closer analysis shows us that the tissue-forming plasma of the connective tissue cell in its nascent state is readily absorbed or diverted into other channels. The ordinary conception of cirrhosis is a diffuse interstitial *inflammation*, chronic in duration, and resulting in a secondary atrophy of the true parenchyma of the organ or tissue affected. This is only partially correct, for the cirrhotic condition often—I think I can safely say most frequently—occurs without the faintest symptom of inflammation. I am constrained in this connection to quote from Strümpell on this subject in order to show how eminent authorities sometimes nod over the simplest pathological problems.

In speaking of cirrhosis of the liver he cites the ordinary definition of cirrhosis as given above and remarks :

“ This conception makes the disease perfectly analogous to chronic interstitial inflammation of the kidney and many other organs. Weigert’s careful study of the processes of chronic interstitial nephritis, has shown that at least a large part of the changes which take place in connective tissue are not primary but secondary, and the consequence of a primary destruction of the genuine renal parenchyma.

“ The question naturally suggests itself whether the same may not be true of the apparently closely allied phenomena of hepatic cirrhosis. It must be confessed that as yet no special investigation has been made with the object of settling this doubt ; but still we believe that there is much which gives probability to the new view.

“ We are inclined therefore to believe, that the primary lesion is in the cells of the parenchyma, some of which are thereby destroyed and are replaced by a secondary hyperplasia of connective tissue which eventually contracts. A primary lesion of the parenchyma of the kidneys, heart or spinal cord has the same effect upon the connective tissue in them.”

Did the learned author forget that hypertrophy is not inflammation and that the excessive “ growth force ” as Cope has well called it, may be determined to any part of the organism without producing any tissue change beyond mechanical interference. If he had observed the pathological progress of cirrhosis in the muscular system he would have found in the simple hypertrophy of connective tissue a rational explanation of the phenomena exhibited in parenchymatous organs without having to look for antecedent inflammatory conditions. In this general cirrhosis the connective tissue hypertrophy begins silently and unheralded by tissue changes in surrounding structures. By steady growth and constantly increasing deposit, it weaves its meshes about the muscular fibres and crushes in its python folds the molecular structure which it is its function to support. So in parenchymatous organs does it press out.

the life from the lobules which established the identity of its anatomical structure and physiological function. The author whom I have cited makes this remark upon the clinical history of cirrhosis which I am surprised did not occur to him in discussing the etiology of this condition.

“The onset of the disease is usually insidious. At autopsies quite an advanced stage of cirrhosis is sometimes found to which not a single clinical symptom had pointed; and it is often observed that the duration of unambiguous symptoms is much shorter than the degree of anatomical change discovered *post mortem* would have led us to expect.”

Simple hypertrophy would therefore explain this observation and I think would go still further and account for many prodromata that do occur before the genuine cirrhotic symptoms, as such a mechanical interference with an invested organ can not fail to express itself in the general functions of the organism.

It is not necessary for me to dilate further upon the possible conditions which may occur from simple hypertrophy of connective tissu , as a mere glance at the anatomical relations of this investing tissue will at once suggest the pathological results likely to occur from an encroachment by it upon surrounding, or rather I should say *surrounded*, structures.

2. The next form of pathological development in the domain of connective tissue is *plastic infiltration*. There is often an exudation from the excessively active connective tissue cell which does not go on to the full extent of tissue formation. This character of investment does often interfere with the function of physiological structures without impairing the integrity of the structure invested by it. It is an infiltration which may be temporary in its character in which case it disappears by absorption, or if it remains for a length of time becomes a chronic obstruction similar to that produced in chronic rheumatism. Indeed I am inclined to believe that much of the so-called muscular rheumatism is simply plastic infiltration of mus-

cular structure pasting together the ultimate muscular fibres as we see the products of inflammation in the peri-urethral tissues producing the well known soul-harrowing chordee. After this analogy also is *rigor mortis* produced by the diffusion of fluids after death.

3. The third form of pathological development in areolar tissue I have called *homologous deposit*. This differs from simple hypertrophy only in this, that the excessive formation of connective tissue is focalized as it were—circumscribed and nodular in appearance with no apparent regularity of formation—the neoplasm being organized just where it may happen to be deposited. Every surgeon has met with this condition in the excision of fibrous tumors from the neck, walls of the abdomen and thorax, and all places where there is an extensive fascia to form a favorable foundation for such growths, and the irregularity of their attachments give no little annoyance in attempting to make a clean dissection. Oftentimes these deposits will form fibrous bands beneath muscular layers, rendering diagnosis extremely difficult in regions where a great variety of structure is closely related. Fortunately these deposits rarely occur in parenchymatous organs, being nearly always found in broad, flat muscular surfaces.

4. *Heterologous formations* are easily and often developed from the neoplasm of the connective tissue cell. So primordial is the character of this cell that it readily assimilates itself to surrounding tissues. There was a time not too far back for some of us young men to remember, when the cellular pathology of Virchow was the *articulum stantis vel cadentis pathologiæ*, and yet have I lived long enough to sit at the feet of this Gamaliel and hear him renounce his own positions taken in that volume of ultimate authority, and declare the doctrine of assimilable structure from primordial cells. *Tempora mutantur, etc.* Alas for the consistency of science! It does, however, seem strange, that at any time heterologous formations from primordial cells should have been thought a thing incredible, for in no other manner can we explain the typical

changes in the ongoings of physiology. I shall not stop to discuss this evolutionary, or revolutionary, principle in this connection, though it would furnish food for interesting investigation. I simply mention this pathological possibility of the connective tissue cell to explain the apparent hybrid formations which are found in structures invested by areolar tissue.

5. The most interesting phenomenon of the connective tissue cell is to be found in my fifth pathological condition, which for want of better nomenclature, I have denominated—*Histophagic absorption*.

I have spoken of the close resemblance of the connective tissue cell to the white blood corpuscle both in form and function. If it is not a full brother it is certainly a first cousin, and it is peculiarly interesting to the pathologist in that it inherits that same ugly habit of its lazy cousin,—“playing hookey” as the boys say. So long as the white blood-corpuscle is within the walls of the blood vessels it behaves remarkably well, but it has always got its weather-eye open to slip out at the first opportunity and have a good time on the outside, and the chances are ten to one it will meet one of its areolar cousins bent on the same mission. Both of these young truants can live very well on an independent line but they do so at the expense of pabulum that should go to the support of other structures. Hence, I have called them *histophagic*. Oh, how they swell and strut about in their pathological freedom! They are regular filibusters and own no authority but their innate love of rapacity. Whenever they are found broken loose from their physiological restraints there will always be enlargement of the organ or tissue in which they are running riot, followed by an atrophy which results from the absorption of pabulum from the channels of nutrition, followed by their own sure destruction from engorgement, leaving in the track of their revel a physiological waste.

These then are the pathological conditions which characterize areolar tissue development. Of course the great question now comes up. “What are you going to do

about it?" Well, there is not much that you *can* do. I confess I am a little like the geologist on the mountain, who, when asked by a lost and belated traveller, if he could tell him ought of his surroundings, "Oh yes!" he replied, "this is a wonderful mountain. Yonder you have eocene, here miocene, there pliocene, and"—"Stop there" roared the traveller, "damn your *scenes*, I want to get over this mountain." "Ah! my friend," answered the geologist, "I have not yet accomplished that myself and I cannot inform you." And the traveller turned from him in pity and disgust to find his own pathway through the unknown wilds.

However, I am not so utterly impractical as to leave this pathological analysis without furnishing some lines of therapeutic guidance to those in whose hands these vexing cases may fall.

The rational line of treatment is that adopted in all leucocythemic conditions. Diminish the proportion of white blood-corpuscles. Produce, as far as possible, an intravascular osmotic current by increasing the solid constituents of the blood. Keep the channels of secretion and excretion constantly open. The much reviled and unfashionable calomel fills a place here which nothing else in the whole pharmacopeia can approach. In assuming charge of a case of cirrhosis, whether it be general or localized in any particular parenchymatous organ of the body, I adopt the following line of treatment, which has proved in many cases very satisfactory. I begin in the evening with:

Pulv. Dov.....gr .xv.

Hydrarg. chlor. mit.....gr. x.

Sodæ bicarb.....ʒj.

With this a hot mustard foot bath is ordered immediately before retiring. In the morning a full glass of Hunyadi water. I then order the following prescription, to be taken in doses *pro re nata*, beginning, however, as follows:

℞ Potass. iodidi.....ʒj.

Hydrarg. bichloridi.....gr. j.

Tinct. cinchon. compound.....ʒxij.

M. et S. Tablespoonful one hour after each meal.

If this should produce coryza I diminish the dose to the point of tolerance. If it is practicable I order Russian baths three times a week. If these are not to be had, I place the patient naked on a bottomless chair, under which I place a vessel containing water heated by a spirit lamp. A blanket thrown over the patient's chair and all will answer the purpose of a Russian bath very well, though it may not be so elegant and luxurious. Every night I order the patient rubbed thoroughly with lanoline, to soften the skin. In the morning this is sponged off with ammonia water and the skin rubbed with a crash towel.

The diet of the patient must be confined to plain and not highly seasoned food. Sugars must be avoided; alcoholic drinks are not allowable except in those cases where the total withdrawal of them would do more damage to the organism than a moderate indulgence would do to the pathological condition under treatment. In this case sherry wine is the least objectionable. Coffee must be stopped, and the use of potatoes strictly forbidden. No pork in any form. Let the beef be rare—in every sense of the word. Eggs, fish, oysters and game may be taken *ad libitum*.

This is the best line of treatment which my own experience suggests, and I have found it successful in some inveterate cases that had resisted all the vaunted specific remedies.

To conclude, I submit these observations upon the general characteristics of cirrhosis, in the hope that the suggestions therein found may call out deeper investigation from those who are better situated for pathological work than myself, for, indeed, vast and pregnant as is the subject, pathologists have seemed loth to consider it and have “passed by on the other side.”

HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

✓ DILATATION OF RIGID OS UTERI.

Reported by C. P. WILKINSON, M. D., New Orleans.

Mrs. X. Y. Z., aged 23; three years married; primipara; was about to miscarry at the sixth month of pregnancy. She had had for about five years a leucorrhœa, requiring treatment occasionally. There was no evidence that the cause of the impending abortion was criminal, or due to accidental violence. The foetus was alive, as its movements could be felt. About the termination of the fifth month, a continuous hemorrhage, though very slight, with occasional radiating pains, had threatened a mishap. I was called to see her on March 17th, an hour after she had arrived in this city; she having undergone the fatigue of a long railway journey without the comforts of a sleeping car. A steady flow of blood from the parts, together with radiating pelvic pains, called for, in my opinion, efforts to avert the impending calamity. She was immediately put to bed, and absolute rest enjoined. Opium was administered to the verge of narcotism, and the much lauded viburnum prunifolium freely given. With gradually lessening good results this treatment was persisted in for two days, at the end of which time the pains having increased, the membranes having ruptured, the waters having drained away, the uterus having contracted firmly around the angularities of the child, and muscular contraction of that organ momentarily increasing in vigor, the conclusion was forced upon me that abortion was fully inaugurated, the evacuation of the uterine contents inevitable. The cervix uteri had remained throughout the whole time succulent, and was projecting into the vagina, its opening small, about large enough to admit a crow quill.

The reader must bear in mind, that at the sixth month a very different state of affairs obtains than that at the normal termination of utero-gestation. In the former case, the

cervix uteri has not unfolded itself, as it were, and become merged into the body of the uterus; whilst in the latter there is not a vestige of the former organ.

To complete the labor just begun, dilatation must now commence at the internal os uteri; continue through the cervical canal; expand the external os uteri; and finally stretch the os externum vaginæ; a long, tedious and painful task, one to which the smooth bag of waters, entering wedge like to equally distend the rigid parts, is almost a necessary assistance.

The treatment now indicated was of course radically opposite to that which had been pursued. Time, a necessary factor in the safe accomplishment, must be accorded. Some hours after the administration of hot tisanes and warm hip baths, I was hastily summoned to assist at the final pangs of parturition, which the messenger assured me must have taken place since he came after me. I found the woman in the throes of violent expulsive efforts; finally, believing that the head must be emerging from the mouth of the womb, I introduced my finger into the vagina to confirm my opinion, but was astonished to find the condition of affairs exactly as I had left them. The cervix had not begun to unfold. Satisfied that such efforts as the woman was then making, if persisted in for any length of time, would accomplish much, I waited for an hour to pass, to find at the end of that time that no progress had been made. In the second hour I counted the pains, they were forty; each one an expulsive effort. With fixed thorax, clinched teeth, throbbing temples, protruding eyes, crimson countenance, her hands dragging on a loop of a sheet tied to the foot of the bed, she stops a moment for a deeper inspiration and a firmer hold, whilst bearing down with hearty will and strenuous effort. So I saw her labor for hours. Such suffering furnishes no pleasing picture to him who guiding the case, stands idly by and says, wait! Exhaustion does not at present seem probable; there is no hemorrhage; rupture of the uterus unlikely; there seemed little to do beyond putting into practice those waiting

devices kindly recommended. In such cases the opinions of our elders advise us to, wait! Such was the advice that I received from an eminent practitioner whom I summoned in consultation. I waited, and let that woman suffer nine hours before I instituted any measures which I thought to be of real value. At the end of that time, finding that no progress had been made, I did that which I ought to have done nine hours before; I made an artificial bag of waters. No Barnes' dilator that I had ever seen was small enough to enter that cervical canal without employing considerable violence. I wished to get one of the toy rubber balloons that we see for sale in the shops and on the street corners, but unfortunately it was Sunday, and the exigencies of the morality of our people prohibited the sale of such articles on that day. The convenience of a neighboring drug store, enabled me to procure a rubber condom! Shades of the immortal doctor! Was ever the instrument called after his name put to such good use? I introduced a small female catheter into the condom, and tied tightly the open end of the bag close to the handle end of the tube, this I connected with the tube of a fountain syringe. I carefully and gently introduced the catheter, covered by the thin rubber bag, through the cervical canal into the womb, raising the bag of the fountain syringe, which was now filled with hot water, above the level of the woman, the condom rapidly filled and I had a bag of waters artificially constructed doing most excellent work. I kept the head of water elevated about two feet above the level of the uterus; this would give a pressure of about 14-15 of a pound to the square inch; a steady pressure ample to effect considerable dilatation. The constant pressure however proved too painful to be bearable. I lowered the bag, and from this incident took a hint. I raised the bag during a pain, and lowered it during the absence of one. In four hours time I had accomplished a dilatation large enough to admit two fingers into the cavity of the womb. After this the bag was not used. Some considerable delay followed, but finally a foot and

leg were hooked down, after which delivery was effected. The head hung a long time before it could be extracted and only then after laceration of the cervix. It is needless to say that every antiseptic precaution was taken. The woman got well without her temperature going above a hundred, except on one day, the fourth after delivery, when from normal at 9 A. M., it went to 105° by 12 M., falling to 100° by 6 P. M.; evidently a malarial attack, which the use of quinine prevented from recurring. In this case we can see the necessity of some adjunct to muscular contraction to dilate the parts. There was plenty of power, sufficient time was given; yet failure resulted until we brought to bear the wanting factor. The hydrostatic pressure exerted was far superior to that obtained by the use of tents; for the reason that its action was immediate and equal in all parts and could be made intermittent; it permitted of the application of heat; the membrane was so pliable that the use of much force was thereby prohibited, and it was so soft and unirritating that the probability of inflammation succeeding was reduced to a minimum. The lesson that the case teaches is, to me, to use an artificial bag of waters in all cases where the natural one prematurely ruptures. We all know the long first stages following this accident, and we know equally as well the pain and suffering that is lengthened thereby. We have just as much right to kick and pinch a woman as we have to allow her to suffer one pain in labor that our skill can prevent. When progress in confinement is slow and we know the cause, I would most certainly endeavor to remedy the evil.

TWO CASES OF ABSCESS OF THE LIVER.*

Reported by S. R. OLLIPHANT, M. D., New Orleans.

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The first case I report from notes furnished me by Dr. B. M. Hughes, now of Birmingham, Ala., formerly resident student of the Charity Hospital.

B. Johnson, native of Germany, age 23 years, resident of this country two years; occupation, clerk in a plantation store on Red River; drinks and smokes in moderation;

* Read before the New Orleans Medical and Surgical Association.

fair complexion, blue eyes and light hair. First felt badly two months ago, but was not confined to bed till one month ago; admitted into Hospital April 26, 1880; gave history of diarrhœa in 1879, following an attack of malarial fever. His general appearance indicated a malarial cachexia and lowered vitality; complained of pain over right lobe of the liver, which organ was considerably swollen and exquisitely sensitive; temperature, 99; no jaundice. I explored with a hypodermic syringe the most prominent part of the enlarged liver and drew out a syringe full of pure pus. Dr. de Roaldes saw the patient with me and we decided to apply Vienna paste, with the view of causing adhesions and diminishing, as much as possible, the thickness of the abdominal wall at that point. The first application was made on 27th of April and the following day the discharge was scraped out with the handle of a scalpel and a fresh application made. After the third application the abscess burst and discharged seven pints of pure pus, which was accurately measured. The cavity was washed out with water, containing co. tinct. iodine and carbolic acid, three times a day for the first few days. The wound was kept thoroughly cleansed and the cavity filled with this wash and the opening plugged before applying the dressing. May 1st diarrhœa set in, which was treated with bismuth and ten grains of Dover's powder ordered at night to secure rest. The temperature on 28th of April registered 101 in the evening—100 on morning of 29th—100½ in the evening—99 on the morning of the 30th and 101 in the evening. At 2 o'clock A. M., May 1st, patient took 15 grains quinine, and at the morning round the temperature was 98 3-5—evening 99 ½—morning of 2nd 100 ½. Gave another 15 grain dose of quinine and in the evening the thermometer registered 99 ½. I will not worry you with a detailed statement of the temperature chart—suffice it to say, that after this date the fever varied from 98 ½ to 102 till May 23d, when the temperature fell to 97 and the patient died. The temperature was always highest in the evening except on days when quinine was administered.

It was thought best to discontinue the administration of quinine owing to the irritable state of the alimentary canal and the depressed condition of the patient. The cavity of the abscess was kept thoroughly cleansed and contracted rapidly. There was a tendency to diarrhœa during the whole course of the treatment, which assumed a dysenteric character towards the last. The color of stools at first were of a dark slaty appearance. The appetite remained good till the last few days, but owing to defective digestion, particles of food passing with the stools, the following prescriptions were ordered: purified ox-gall, made into pills, with carbonate of magnesia, one three times a day after meals; and nitro-muriatic acid gtt. xxiv, tinct. cinchon co. \mathfrak{z} iv. M. S.: teaspoonful three times a day before eating. Opiates and astringents were continued *pro re nata*. On May 21st the diarrhœa became uncontrollable and the patient gradually sank and died from exhaustion on the 23d. On post-mortem examination there was found on the upper and anterior surface of the left lobe of the liver a small abscess. The right was almost entirely disintegrated and another small abscess found in the remains of this lobe. The cavity of the original abscess had contracted to a capacity of $1\frac{1}{2}$ ozs. All around this cavity were formed strong adhesions. The seventh rib was corroded and its cellular texture infiltrated for more than an inch over the site of the abscess. The gall bladder contained a couple of drachms of bile and eight gallstones. The large intestines were much inflamed and gave evidence of both recent and old ulcerations.

The following case I report from notes furnished by the patient himself, a practitioner of medicine in this city. W. B., a physician, native of northern Europe, resident of New Orleans 21 years. Between the ages of 20 and 30 had several pulmonary hemorrhages. He has been a subject of dyspepsia for years and had yellow fever in 1878. Otherwise his health has been good. For several months prior to this attack the patient had had erratic pains in the left side, and for three weeks he says he had more or less

fever every evening, which he tried to combat with quinine. Will say here he had been a free liver and had indulged rather liberally in the use of alcoholic liquors for the past several years. On the 28th of October, 1885, was taken with violent pain, of a neuralgic character, in the left hypochondriac region, passed a sleepless night, and was suffering intensely the next morning when I was sent for. Found the patient with face flushed; temperature, 103; pulse, 110; no jaundice; tongue coated; ordered 6 grains each of calomel and soda to be taken at once; a fly-blister applied to painful spot, and 5 grains of quinine to be given every three hours. At 3 o'clock I returned, and finding there had been no relief, ordered morphine to be taken in $\frac{1}{4}$ grain doses during the night if pain continued. After second dose patient slept for a few hours. October 30th, temperature, 101; suffering still, though not so intensely; ordered a mixture containing 10 grains of muriate ammonia to the dose, to be taken every three hours, alternating with the quinine. The bowels not having acted, an enema was given, which produced a copious stool, and the bowels acted several times afterwards. The patient nourishes well, taking mostly a milk diet. All stimulants were forbidden, nor did the patient have any desire for them. October 31st temperature about same, and no change in patient's condition noted, other than the partial relief from pain. November 1st, my attention being called to a bulging in the left side in which fluctuation could be detected, I felt that I had now a case of a more serious nature to deal with than I had suspected in the beginning, and asked for consultation. Dr. Bickham was called in, and upon exploring the part we found pus deeply seated; Vienna paste was applied over the most prominent point of the bulging; quinine continued, 5 grains three times daily, and belladonna added to the ammonia mixture. November 2d, the paste had formed a deep eschar $1\frac{1}{2}$ inches in circumference. November 3d, the pus being apparently more superficial we decided to open the abscess. The patient being

thoroughly anæsthetized, an incision was made about $1\frac{1}{2}$ inches long through the eschar. The pus flowed freely; the quantity was not measured. The cavity was washed out with water containing carbolic acid and co. tinct. iodine, filled with strips of lint, and the wound covered with absorbent cotton, and a bandage applied. These dressings were made twice a day. November 5th, the abscess discharging freely; no fever and very little pain. The cavity diminishing rapidly, and great trouble experienced in keeping the external wound open. Sponge tents were resorted to several times to dilate the opening. Two weeks after operation patient was allowed to get up, and four weeks after operation he was discharged. The wound had not fully closed, and continued to run for months. The result in this case has been most satisfactory. It has now been over a year since his attack, and his recovery seems to have been complete. He is not as strong, probably, as he was before, yet he tells me that his health is good, and lest I should be skeptical as regards his physical power, he tells me he has since married, and as a result a strapping big boy was born a few weeks ago.

PROCEEDINGS OF SOCIETIES.

NINTH ANNUAL MEETING OF THE LOUISIANA STATE MEDICAL SOCIETY.

FIRST DAY.—MORNING SESSION.

The Society was called to order at 11:30 A. M., by the President, DR. D. R. FOX. The Secretary, DR. P. B. McCUTCHON, registered 17 members; adjourned to 2 P. M.

2 P. M. Called to order. The President introduced by DR. S. F. MEEKER. Prayer by the REV. HERMAN C. DUNCAN, Episcopal Church, Alexandria. Roll call. Reading of minutes dispensed with. MR. J. F. ARIAIL, acting

in the place of his lamented father, Dr. J. S. Fish, in a few feeling words welcomed the Society to Alexandria. The Committee of Arrangements, through DR. J. A. JOHNSTON, offered the programme as its report. The Committee on Organization of the Profession reported progress and asked further time.

The Committee on Necrology presented a brief biographical notice of Dr. Fish, excerpted from the April number of this JOURNAL. The report was approved and the committee granted further time to prepare a full report for publication.

DR. J. W. DUPREE, for the Committee on State Medicine, reported progress and asked for further time. Report of Dr. Chaillé, former chairman, is still before the Society and constantly urged on the attention of each General Assembly. "Proposed Amendment to Act 31 of General Assembly, relative to the practice of medicine and surgery, approved June 26, 1882, the only legislative measure before your committee, reached Dr. R. H. Day, chairman of sub-committee charged especially with the duty of urging its passage by the Legislature, only one week before the adjournment of that body and too late to be submitted to its action. This is to be regretted, for we have the assurance that the measure would have encountered no opposition, and its passage would have vitalized the now dead and inoperative law." *

DR. BRUNS, in absence of the chairman of the Committee on Scientific Reports and Essays, offered the list of papers on the programme as the report.

DR. McCUTCHON offered printed volume of Transactions as the report of the Publication Committee.

The following names were proposed for membership: Dr. F. M. Thornhill, of Arcadia; Smith Gordon, of Alexandria; J. A. Cruikshank, do.; Thomas W. Compton, do.; E. B. Price, do.; G. A. Martin, Arnaudville; L. C.

* This Amendment was urged upon the State Medical Society at its last meeting held in New Iberia, (1886), by the Attakapas Medical Association, and was referred to a committee to be put in proper form for presentation to the Legislature, and was then to be transmitted to Dr. Day at Baton Rouge. It was the failure of this committee to perform its duty which is here referred to.

Tarlton, Marksville; F. N. Brian, Winfield; H. W. Blanc, New Orleans; James Ware, Marksville. The rules were suspended and the gentlemen elected by acclamation, no member of the Judiciary Committee being present. The reports of Corresponding Secretary and Recording Secretary accepted. The Treasurer's report, accepted, showed \$376 in the treasury.

The Committee on Revision of Constitution, appointed at last meeting, offered draft of Constitution and By-Laws, which was ordered printed in the coming volume of Transactions, for action at next annual meeting.

DR. JOSEPH JONES read his report, as delegate to last meeting, of the American Medical Association. The report was approved and ordered printed in the Transactions.

DR. SEAY for the special committee appointed at last meeting, reported a list of fifteen names recommended as delegates to the International Medical Congress: Joseph Jones, A. B. Miles, Thos. Hebert, J. W. Dupree, I. J. Newton, F. R. Bernard, Samuel Logan, T. G. Richardson, R. W. Seay, J. P. Davidson, E. W. Long, P. B. McCutcheon, Richard Day, E. Souchon, A. G. Friedrichs.

DR. MCCUTCHON read a communication from the Secretary of the Nebraska State Medical Society, explaining his communication of last year. DR. HEBERT moved that a member of this Society be appointed to report to this Society the work done annually by the Nebraska Society, and that the Nebraska Society be asked to reciprocate by the appointment of one of its members to represent our Society before it. A paper by Dr. S. S. Herrick on FORGOTTEN SANITATION was read by the Secretary, but was not referred to the Publication Committee, as the Society deemed it inexpedient to re-open the discussion of the misunderstandings of the past.

The Society adjourned until 8 P. M.

FIRST DAY.—EVENING SESSION.

The Society was called to order at 8 P. M.

After prayer by REV. B. F. WHITE, the President was introduced to the audience by DR. MEEKER, and delivered a practical and suggestive address.

After the conclusion of the President's remarks, the Society was entertained by the Annual Oration, which was delivered by HON. W. H. JACK, of Natchitoches, La., who took for his theme the inscrutable mystery of life ; and his effort, polished and thoughtful, philosophic and oratorical, was delivered with marked effect and received with great applause.

Adjournment was then had to the next morning, 10 o'clock.

SECOND DAY.—MORNING SESSION.

The Society was called to order at 10 A. M. Minutes read and approved. Drs. M. L. Cushman, of Youngsville ; J. L. Davis, of Lake Providence, and Webster Smith, of ———, were elected members under a suspension of the rules.

DR. JOSEPH JONES offered a resolution that the Legislature be urged to rescind the law restricting the position of resident student in the Charity Hospital to residents of Louisiana. Adopted.

DR. JONES also offered a resolution establishing a Committee on Library and Building, to be composed of the President, Recording Secretary, Treasurer and Librarian and two other members. The duties of this Committee shall be to collect books, MSS., and all similar objects of interest, especially in Louisiana and Mississippi Valley ; to form a library for archives, etc., and to consider the acquisition of a suitable building for their preservation.

Reading of papers was now in order. DR. W. C. AYRES of New Orleans being absent, his paper, "SALIENT POINTS IN WHICH EYE AND EAR DISEASES CAN EITHER HELP OR MISLEAD THE GENERAL PRACTITIONER," was read by title and referred to the Publication Committee.

DR. E. SOUCHON of New Orleans, read a paper on "TREATMENT OF WOUNDS OF LARGE SURGICAL VEINS."

Surgical Veins are those upon which the surgeon can operate with some chance of success, as the internal jugular, the subclavian, etc. But under the best conditions, tying of veins is often followed by disastrous results, such as gangrene, œdema, or, in case of veins of neck, softening of brain. Some surgeons advise amputation for gangrene of a limb following ligation of a vein. Ligation of a vein does not cut the coats as in arteries. Secondary hemorrhage is therefore common. Where chloroform has been used, secondary hemorrhage may not occur until after recovery from the drug. When removing tumors, veins should be ligated doubly. In small wounds compression may suffice, but it should not be sufficient to occlude the calibre of the vessel. Digital compression has been twice successful; plugging with antiseptic sponges is good, but instrumental compression is better. Simpson first ligated the internal jugular. In venous wounds Langenbeck proposed the tying of the artery; this would not do in the case of the internal jugular because of the circle of Willis.

As to the internal jugular, there is great danger in operations upon the lower third from entrance of air; in the middle third hemorrhage is likely to occur from the proximal end; there are no recoveries in cases of wounds near the skull. When the vein is thick from inflammation or it runs through a tumor the cut end remains open and air easily enters. Gangrene follows gunshot wounds frequently. Mortality after ligation only 10 per cent. So far as the brain is concerned, ligation is not serious; death is usually by secondary hemorrhage. In the case of wounds of the subclavian, popliteal, etc., the artery below the largest collateral branch should be tied. It is not necessary to tie at all unless the limb is swollen and blue and when the vein has become compressed and collateral circulation has been developed. These rules do not apply so strenuously to the axillary vein. In oozing, compress and elevate part. When in the course of an

operation numerous small collateral veins have been cut, the prognosis is bad.

DR. JOS. JONES had seen many cases of gangrene towards the close of the war. In one case especially, gangrene followed a slight gunshot wound of the neck and all the vessels were exposed. Sudden inability to speak together with great depression supervened. Autopsy showed the internal jugular filled with coagula formed by products of gangrene. Deep in the chest a small opening in vein had admitted air. This accident is rare because hospital gangrene usually coagulates blood and occludes the vein. He had often killed animals as suddenly as by a stroke of lightning by blowing air into a vein.

DR. WARE had seen during the war as many as twenty-five cases of hospital gangrene in one ward. The deaths were from exhaustion, none dying suddenly as from air in the circulation, though he should expect this accident to be common.

DR. HEBERT then read his paper on "THE SURGICAL TREATMENT OF ABSCESS OF THE LIVER."

A review of the subject as it stands to-day, with regard to the indications for surgical interference. A distinction made in the choice of cases, in which aspiration and incision are called for respectively. A general review of the anatomical relations of deep abscess, as far as our present knowledge extends, attempted with reference to the course taken by the pus and the determination as far as practicable of its future point of discharge, in those cases not at the time of observation discharging through some natural outlet as lungs or intestines.

Indications for the use of aspirator stated in general terms as follows:

a. It is to be used in all cases in which abscess is suspected, for purposes of diagnosis when in doubt.

b. To determine the nature and character of pus, and also to a certain degree of the abscess cavity, its size, situation, etc.

c. In chronic or cold abscess, in which the existence of a well formed pyogenic membrane renders the entrance of air dangerous to the patient, through the formation and absorption of septic matters.

d. In cases of multiple abscess, when practicable or advisable, for purposes of diagnosis and treatment, cases in which free incision is obviously impracticable for all the cavities, at least.

e. In all cases, in which the aspirator is judged to be preferable as a means of treatment. Practically, cases not favorably discharging by some natural outlet, come under one of two heads, cases for aspiration, and cases for incision, because the number of cases in which an abscess can be allowed to follow a natural course, must always be limited.

f. Rapidly acute cases, in which adhesion may not have time to form.

Indications for free incision are:

1st. In all large abscesses, showing a great disintegration of tissue, in which free drainage, or the use of a drainage tube is necessary or advisable.

2d. In those cases in which the abscess points towards the abdominal wall at intercostal space or below the 12th rib.

3rd. In those cases of discharge through lung or bowel, in which the local and systemic irritation is great, and for which free incision would seem to be a better means than an expectant plan of treatment.

4th. When the pus is discharged into pleural cavity and is setting up a general inflammation there.

5th. When another direction of discharge of pus is necessary on account of closure of original orifice, in those cases evacuating through lung or bowel. Or when a change of treatment is sometimes necessary in those cases in which aspiration or some other form of paracentesis is being used.

In this paper were cited two cases operated upon by incision, which ended in a good recovery. One operated

upon by Dr. Richardson, reported by Dr. Parham in the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL*, of March, 1885, and one by himself in 1884.

The after treatment of cases of abscess touched upon, and a slight notice of the benefits of cocaine taken at the conclusion of the paper. Six cases of hepatic abscess occurring under his observation mentioned with reference to their termination, showing 50 per cent. of recoveries.

Dr. Fox, during the discussion, reported two cases. In the first the patient, a short while before the cavity opened, vomited some lumbricoid worms, and these worms made their appearance at fistulous openings into the cavity. In the second case, though the abscess was opened, fistulæ formed, at one of which a fish bone appeared and was extracted.

Dr. MATAS' paper on "A METHOD OF LOCALIZING CEREBRAL CENTRES," was read by title and referred to the Publication Committee.

Dr. Fox read on "ASIATIC CHOLERA AS IT OCCURRED IN MY PRACTICE IN THE PARISH OF CONCORDIA, LA., IN 1849." The disease came to New Orleans from Havre, and under the hot weather multiplied very fast and soon spread throughout the Mississippi Valley. Dr. Fox was at Deadman's Bend, forty miles below Natchez. Slaves were the principal sufferers, only two whites being attacked, and both recovering. The sanitary surroundings were bad. River water was drunk, and at this time the river was high and loaded with sediment. The negroes were promptly treated, but the mortality was great. A favorite mixture was composed of tincture of opium, tincture of camphor, tincture of capsicum and tincture of ginger. Stimulants and sinapisms were also used, and calomel and opium. Met with very little success, two out of three died. Dr. F. kept patients recumbent. He bled in three cases, with two deaths. All medication was difficult.

On one plantation, where there were sixty hands, no cases occurred, Dr. F. attributed this to the fact that only good cistern water was used. He was inclined to the

opinion that the river water played an important part in the etiology of this epidemic.

Dr. Price had not much confidence in the micro-organism theory of disease. He believes that dead matter, desiccated dejecta, etc., coming in contact with healthy surfaces originate the disease.

The next two papers were referred to the Publication Committee: "NOTES ON SOME OF THE USES OF ANTI-PYRINE," by DR. BURGESS; "HEMORRHAGIC MALARIAL FEVER," by DR. GRIFFIN.

The same disposition was made of DR. J. B. WILKINSON'S paper on "NON-FATAL BITES BY MAD DOGS AND RATTLESNAKES."

On motion of DR. DUPREE, the following gentlemen were elected by the delegations representing the parishes, a Committee on Nominations:

Dr. Dacote.....	Avoyelles.
" Day	E. Baton Rouge.
" J. W. Allen.....	Caddo.
" Seay.....	Carroll
" Hebert.....	Iberia.
" Mayer.....	Lafayette.
" Newton.....	Morehouse.
" Chassaignac.....	Orleans.
" Fox.....	Plaquemine.
" Smith Gordon.....	Rapides.
" Lessley.....	St. Landry.
" Cushman.....	Vermillion.
" T. J. Harrison.....	Grant.
" F. M. Thornhill.....	Bienville.

SECOND DAY.—AFTERNOON SESSION.

The Society was called to order at 3:30 P. M., and immediately took a recess to allow the Nominating Committee to report.

Upon re-assembling the Committee reported as follows:
For President, Dr. Joseph Jones, of Orleans. For Vice-

Presidents: 1st Congressional District, Dr. F. W. Parham, of Orleans; 2nd, Dr. H. D. Bruns, of Orleans; 3rd, Dr. T. Hebert, of Iberia; 4th, Dr. F. M. Thornhill, of Bienville; 5th, Dr. I. J. Newton, of Morehouse; 6th, Dr. T. T. Tarlton, of St. Landry.

Place and time of next meeting, Monroe, La., the third Wednesday in April, 1888.

Annual orator, A. A. Gunby.

Delegates to American Medical Association: Drs. Bruns, Hebert, Newton, Chassaignac, Jos. Jones, Cruikshanks, White, Mayer, Seay, Richardson, Dupree, Chaillé Long, Egan, T. J. Allen, Logan.

The report was adopted as a whole.

DR. HEBERT moved that the sum of \$50 be added to the honorarium of \$100 now received annually by Recording Secretary. Carried.

DR. NEWTON moved a similar honorarium to the Treasurer.

DR. PARHAM declined the proffered honor; and after some discussion, in which it was proposed to attach a salary of \$100 to the office of Treasurer, the matter was finally dropped.

DR. CHASSAIGNAC read a paper on "SUBIODIDE OF BISMUTH AS A SUBSTITUTE FOR IODOFORM."

There were two great objections to Iodoform: 1st, it can be absorbed, especially over large surfaces, and produce toxic effects; there are eleven fatal cases. 2d, its strong odor. Deodorizers are of no avail; an odor strong enough to disguise iodoform would be as much a "give-away" as iodoform itself.

Subiodide of bismuth is a brick-dust red, odorless and tasteless powder, insoluble in water, ether or chloroform; it does not stain.

When dusted over a raw surface it produces a faint silvery skin; it causes no pain, but is rather an anæsthetic; it is antiseptic; dessicant and hastens healing. The writer had used it with excellent results on foul ulcers, which could not be dressed frequently. Had also used it in the case of

an amputation after railroad accident, where the flaps had sloughed and left an ulcer from two to three inches square. Various other measures, including skin grafting, had been tried without success. Bismuth subiodide was now added to the usual measures; on the third day the ulcer looked better. The second application was not disturbed for five days, at the end of which time there was no pus and much new skin. In three weeks healing was complete. Had never given it internally. The drug is now cheaper than iodoform.

DR. A. G. FRIEDRICHS then read his paper on "REFLEX NEURALGIA DEPENDENT ON DENTAL IRRITATION."

The reader referred to the intractable nature of many neuralgias, but called special attention to neuralgias occasionally met with in dental practice, those arising from dental irritation. Dental irritation gives rise to neuralgias of the face, eyes, ears, stomach, neck, shoulders, and it would really seem in some instances that there was a special communication between the fifth nerve and the nerves of the arm. Cases were then related to show the uncertain and capricious nature of neuralgia dependent upon dental irritation.

Case 1. Neuralgia of the face, ear and scalp, the result of caries of the second bicuspid tooth of the lower jaw, relieved by extraction of the tooth.

Case 2. Neuralgia of neck and arm from carious molar.

Case 3. Intense neuralgia of the eyeball and face, with alteration of the color of the iris from carious tooth.

Case 4. Chronic trismus from extraction of a wisdom tooth.

Case 5. Intense and general neuralgia from exostosis on fangs of teeth.

Case 6. Wry neck from carious teeth of lower jaw.

Case 7. Neuralgia of face, neck and arm, with partial paralysis of the arm, disappearing after extraction of a tooth.

Case 8. Facial neuralgia from crowded denture, preventing eruption of an upper canine. Reported by Dr.

John W. Adams at meeting of the New Orleans Odontological Society, March, 1887. Cured by extraction of upper lateral teeth.

The third paper was by DR. FOX on "INTERMITTENT NEURALGIA, AND ITS GREAT FREQUENCY IN THE PARISH OF PLAQUEMINE."

A good description of this affection is to be found in Pepper's System of Medicine. In Plaquemine it is common for these neuralgias to begin about sunrise, and hence called by the negroes "sun-fever." It affects white and black alike, but not, as a rule, children below fifteen years of age. Cervical and intercostal neuralgia common; in children otalgia also. These affections come on suddenly at a certain hour and leave as suddenly. They prevail at the same time as intermittent fevers. Many cases were related, including one of neuralgia of the bowels resembling intussusception. The treatment is by quinine, opium and other remedies suggested by locality affected.

The Society adjourned to the evening.

SECOND DAY—EVENING SESSION.

The Society called to order at 8 P. M., Dr. Jones in the chair.

DR. JONES stated that Dr. Julius A. Johnston had offered a lot in Alexandria upon which to erect the proposed library building. Should the library not be domiciled in Alexandria, he would give the value of the lot in money.

Major Geo. O. Watts offered to donate \$50 to the same purpose if the building is located in Alexandria.

Drs. Newton and Smith Gordon were appointed to convey the thanks of the Society to these gentlemen.

Drs. Jones, Smith Gordon and Seay were made a committee to prepare suitable resolutions upon the death of Dr. Fish.

DR. DUPREE read a paper styled "REPORT OF RECOVERY OF FOUR CASES OF PENETRATING WOUNDS OF THE ABDOMEN."

The first case occurred in the practice of Dr. Buffington, April 10, 1870. There was one large wound in the abdominal walls with four wounds from a quarter to one inch in extent in the intestines. He thoroughly cleansed the intestines with lukewarm water, closed the wounds with interrupted suture, and returned them to the cavity. The abdominal wound was closed by continuous suture. After treatment consisted of opium, cold compresses and position to relax abdominal walls. Bowels moved spontaneously on twelfth day. Result, rapid recovery.

The second case occurred September 9th, 1872, in the person of the sheriff of East Baton Rouge. The wound, made by pistol ball, 38 calibre, was three and a half inches above umbilicus and four and a half to the right; the ball passed through to the lumbar region. Intestinal perforation and fæcal extravasation were evident. Expectant measures followed; made wound dependent and gave opium freely; urine was drawn, flatus removed by tube. Patient recovered in two months.

The third case consisted of gunshot wound, 22 calibre, three inches above umbilicus, and one inch to right of median line. There was every symptom of wound of intestine except escape of fæces; there are such cases on record. This perhaps wound of large bowel. Gave opium and liquid diet. Bowels moved on 10th day. No ball found. Good recovery.

Fourth case was a pistol shot wound of right iliac region, followed by fever, profound prostration and escape of fæcal matter. Inflammation and extravasation limited by opium freely, and position. Patient recovered.

Dr. Davidson read an extremely interesting paper entitled "PERSONAL RECOLLECTIONS OF YELLOW FEVER EPIDEMICS IN NEW ORLEANS AND THE TREATMENT IN VOGUE IN FORMER DAYS."

This paper does not admit of abstraction but we shall take pleasure in presenting these rare *memorabilia* (extending from the year 1828 to the present time) in the June number of the JOURNAL.

In the discussion following this paper, DR. DAY took exception to Dr. Davidson's remark that quinine in large doses was always injurious. Dr. Day had given it freely (20 grain doses) but not too largely, and he believed with benefit in several epidemics.

DRS. WARE and JONES spoke highly of the paper.

DR. M. SCHUPPERT's paper "ELECTRICITY IN THE SERVICE OF MEDICINE" was read by title and referred.

The same disposition was made of DR. OWENS' paper on "ANTI-ANTISEPTICS IN SURGERY," and that of Dr. Powell on "ABSCCESS IN ONE OF THE FOLLICLES OF THE OVARY."

DR. SEAY read on "DROPSY, WITH SOME REMARKS ON TREATMENT OF CERTAIN FORMS." In some cases dropsy is only a symptom of disease, while in others no other evidence is present, and no lesion to be found *post mortem*. Several cases were read in illustration. He opposed too frequent or sudden withdrawal of fluid.

DR. FOX read upon "THE IMPORTANCE OF BLEEDING IN PUERPERAL CONVULSIONS, WITH REPORT OF CASES." The indications are to relieve blood pressure, eliminate the poison and quiet reflex irritability. To this end, in eleven cases in which there was high arterial tension, he bled freely, purged with calomel, etc., gave nitre, and afterwards used bromides. In one case of low tension he cupped and gave bromides.

DR. WARE read on "THE IMPORTANCE OF EXAMINING THE URINE, ESPECIALLY TO COUNTRY PRACTITIONERS." He spoke of the carelessness of country physicians in this regard, and read several cases showing the results of such failure. He urged his hearers to avoid such errors in the future. The paper was excellent and witty, and loudly applauded.

At the conclusion of Dr. Ware's paper, the Society discussed some of the points in the papers read during the evening.

DR. JONES gave a resumé of his observations in yellow fever. His mortality had been only 16 deaths in 250 cases.

He thought the great mortality in interior towns in 1878 to be due to poor nursing and panic.

DR. DAVIDSON said that primary impression in yellow fever was made upon the blood, a theory generally accepted by the profession, and secondary changes were due to the effect of the poison upon the nervous system and other organs. He had, however, seen several epidemics, which lead him to think that sometimes the first impression was made upon the nervous system. In the great epidemic of 1873, the type was not the usual one—no flushing of face, sthenic pulse, epigastric tenderness, hemorrhage, sometimes no suppression of urine; but the cases showed profound effect of poison upon the nervous system, as evidenced by pin-point pupils, small pulse, suppression of urine; stupor came on and uræmic convulsions frequently followed. Patients did not think themselves ill. Several cases were narrated.

DR. JONES had always found upon examination the usual systemic changes, such as fatty heart and kidneys, hemorrhages in stomach and gall-bladder, etc.

Adjourned at 10:30 P. M.

THIRD DAY—MORNING SESSION.

Society called to order at 10:30 A. M., the President in the Chair.

Reading of minutes dispensed with.

DR. DAY commended to the notice of the members and the profession at large, the Physicians' Mutual Benefit Association of Louisiana.

DR. SEAY asked leave to correct the minutes of last year, wherein he was reported, while discussing Dr. Matas' paper, as saying that his experience was the *reverse*, of Dr. M.'s, when he intended to say that it was the *same*.

Drs. Day, Buffington and Dupree were appointed a committee to carry out the recommendations contained in the President's address.

A report was received and accepted on the death of Dr. Fish.

A letter was received from Dr. Matas, regretting his inability to be present, as also to finish his paper in time for the meeting.

On motion of DR. BRUNS, Dr. Matas was given time to finish his article and forward it to the Publication Committee.

Communication was read from the Secretary of American Medical Association, concerning the formation of Medical Examining Boards. Referred to Committee on State Medicine.

Upon application of DR. CUSHMAN, the Medical Society of Parish of Vermillion, formed April 2d, 1887, was affiliated with the State Society.

DR. WHITE read his paper on "HYPERÆSTHESIA OF OSTIUM VAGINÆ." There was great pain on attempted intercourse or examination. Soothing and hot douches with calmatives soon rendered examination possible. The hymen was found unruptured and uterus retroflexed. The hymen was ruptured by introducing speculum and withdrawing it while open. The uterus was replaced. Result, good recovery, and later pregnancy.

"TYPHILITIS," by DR. J. T. HAMBLET, was read by title and referred.

DR. BAIRD failed to be present or send his paper.

The Secretary, DR. McCUTCHON, read a paper on "DIPHTHERIA AND ITS TREATMENT."

His main purpose, he said, was to elicit information as to this disease in towns and parishes throughout the State. The only records now kept are those of New Orleans.

He gave an historical review of the disease and tables showing that from 1869 to 1886, inclusive, there had been a total of 1125 deaths in New Orleans alone from diphtheria.

The paper was concluded by Dr. McC's., personal experience with the disease. In reply to the question as to the difference between membranous croup and diphtheria,

he said that the former was not so asthenic in its effects, not systemic and not contagious.

DR. SEAY announced that certificates for all persons elected delegates to American Medical Association or International Congress were ready.

DR. JONES said that credentials to the International Congress were not necessary.

DR. JOHNSTON Chairman Committee Arrangements, tendered an invitation from the Rapides Parish Medical Society to dinner at 3:30, accepted with thanks.

DR. JONES moved a vote of thanks to the citizens, ladies and press. Carried.

DR. MAYER offered as an amendment, to President, to Col. Jack, to officers of the Society, etc., and submitted written resolution which was accepted by Dr. Jones.

DR. PARHAM proposed the names of Drs. R. L. Randolph of Fairmount and J. R. Coates of Keachi recommended by himself and Dr. Friedrichs. Rules suspended and gentlemen elected.

DR. JOHNSTON announced that the hotel was offered by proprietor to Society whenever it found it to its pleasure and interest to meet in Alexandria.

DR. DAY read a paper on a "CASE GUNSHOT WOUND OF ARM," with some practical thoughts on treatment of wounds.

17th February, 1887, H. R., 16 years, 6 months was shot in right arm at short range. His gun was resting against a tree and he lying on the ground, tried to kick it away and the charge entered right arm; the shot and wadding entering together at inferior and outer half of the ulnar portion of arm emerging two and a half inches below bend of elbow producing great laceration and shattering ulnar. Wound was carefully cleansed and trimmed and dressed with carbolized oil ℥iij; tinct. opii ℥i; ac. benzoic ℥ii, on pledgets of absorbent cotton. Over this were placed oakum and a bandage and the arm was put in a box with fenestrated bottom and slung slightly dependent. On the fourth day the wound was in good condition.

Iodoform was dusted over it freely and it was redressed. At end sixth week it was almost healed. Note: 1st Trimming and cleaning of wound. 2d Repeated washings with warm water. 3d Absorbent cotton, oakum and bandage make elastic compress. Antiseptics, the Doctor believes, are of secondary importance.

DR. JONES remarked in reply to Dr. Days' argument, that the medical history of the late war showed that most wounds did well even under adverse circumstances in the open country while antiseptics are of greatest importance in crowded cities and hospitals.

DR. WARE said that the surgeons and soldiers during the war soon found out that if they lay out under trees and in the open air their wounds did well. After the battle of Murfreesboro he saw seven men who had wounds of hand whom he advised to keep out of hospitals and afterwards saw six of them who had saved good hands. Dr. Parham said: keep surgical cases out of hospitals if possible, but if you do send them into hospitals use antiseptics.

DR. MEEKER proposed the name of Dr. Ralph Kilpatrick, of Cheneyville, endorsed by Dr. Smith Gordon. The rules were suspended and the gentleman elected.

DR. L. E. SHEPPARD presented six volumes of the U. S. Dispensatory to the Society. They were received with thanks.

The President elect, Dr. Jos. Jones, announced the following Committees to serve during the coming year:

ON ARRANGEMENTS.

DR. S. C. MURPHY, Chairman.

DR. I. J. NEWTON,	DR. A. B. SHOLERS,
" T. O. BREWER,	" WM. SANDAL,
" T. C. HATTON,	" C. W. HILTON,
DR. JNO. CALDERWOOD.	

ON ORGANIZATION OF PROFESSION.

DR. JOS. JONES, Chairman.

DR. F. W. PARHAM,	DR. H. D. BRUNS,
" THOS. HEBERT,	" F. M. THORNHILL,
" I. J. NEWTON,	" T. T. TARLTON,
DR. S. S. HERRICK.	

LEADING ARTICLES.

BERGEON'S TREATMENT OF PULMONARY PHTHISIS BY THE RECTAL INJECTION OF SULPHURETTED HYDROGEN.

This novel treatment has now been sufficiently tested to call for some editorial comment.

Some four years ago, Dr. Bergeon, of Lyons, France, commenced some experiments in the treatment of phthisis by rectal injection. After trying various substances, chlorine, turpentine, ether, ammonia, bromine, abandoned one by one on account of the frequent production of violent rectal inflammation, he finally determined that a mixture of carbon dioxide and sulphuretted hydrogen is well borne when the gases are pure and thoroughly deprived of atmospheric air. The idea of the use of two such poisonous gases was based on the experiments of Claude Bernard, who showed that certain substances, poisonous when introduced by inhalation through the lungs, might with impunity be introduced into the rectum in considerable quantities. Being absorbed by the portal system the gas is carried through the liver and right heart to the lungs where it is rapidly thrown off with the expired air, only very small, innocuous quantities being carried on through the lung to the left heart and arterial current. The procedure being thus justified in theory, was crucially tested by experiments on animals. Having now practically demonstrated its innocuousness in animals, Bergeon ventured cautiously to employ the method in man. The results have been very gratifying.

In a letter to the *British Medical Journal* of Dec. 18, 1886, Dr. J. Henry Bennett explains the method of Bergeon, and after hearing his results and personally witnessing its good effects in some cases, commended it heartily as worthy of more extended trial. Dr. Bergeon in the past two years has employed the injections in all the cases of chronic pulmonary and throat diseases that have come

under his observation. In over two hundred cases the results have surprised and astonished him. The statements of his results, indeed, seem marvelous, but coming from a responsible and reliable man, as Dr. Bennett says he is, and only published after two years of careful observation, they must not lightly be allowed to drift into oblivion. Happily, these experiments have been duly considered and repeated by competent observers. Dr. Solis Cohen, eminent in the department of throat and chest diseases, has now stamped these experiments with the seal of his approval and urged the profession to repeat them. The method has been tried in a number of cases, in Philadelphia, Chicago, and other cities of this country, and seldom with other than encouraging results.* Dr. Bergeon first, Drs. Cohen and Bruen, of Philadelphia, have reported the following good effects; "Rapid amelioration of the suppurative phenomena;" marked lessening of cough and expectoration; improvement in the breathing; great diminution in night-sweats; lowering of temperature; slowing of pulse; improvement of appetite and consequent increase in weight. All these signs of arrest of the progress of the disease have been noted in some few cases, a less degree of improvement in most cases, and total failure in only a few isolated instances, where the treatment seemed utterly inapplicable.

The good effects of carbon dioxide in pulmonary phthisis were long ago pointed out by Dr. Cohen, and its pleasant anæsthetic effect may in a degree interfere with the irritating qualities of the hydrogen sulphide, but beyond these desirable qualities its employment by Bergeon seems to be simply to dilute and to propel the active agent in the mixture, the hydrogen sulphide. The theory as stated by Dr. Cohen, though not, we believe originally so stated by Bergeon, seems to be as follows: Being eliminated by the lungs, it thoroughly bathes every particle of the pulmonary tissue, and being a good antiseptic it controls the suppurative processes and promotes healing. It is especially applicable to pulmonary phthisis, but has been shown to be of value in asthma, whooping cough,

*For other experiments see Abstract p. 881.

bronchitis, pulmonary catarrh, typhoid fever, the eruptive fevers, puerperal fever and general septicæmia (Cohen).

The method is not yet, we conceive, entitled to be called curative; it has simply been demonstrated to be a therapeutic measure of value, how great we cannot yet say. Certain cases though yet few in number, have suffered very disagreeable effects of the treatment, severe colic and diarrhœa occasionally demanding its abandonment. But from the results reported by Dr. Bergeon and others who have been extremely careful in their manipulations, we are disposed to believe that some, at least, of these unfortunate cases have occurred from lack of caution. It is essential that both gases should be as pure as possible, that there should be no admixture of atmospheric air, that the gas should be injected slowly and warm and in small quantity at first.

We shall not attempt to describe the method or the apparatus; this has been done in Dr. Bennett's article in the *British Medical Journal* of December 18, 1886, and in Dr. Cohen's article in the *Medical News* of April 2d, last, where also wood cuts of the apparatus are shown. No results have as yet, we believe, been authoritatively reported in New Orleans, but we understand that the method is being employed in the Touro Infirmary and Hotel Dieu, and that it will shortly be put on trial in the Charity Hospital. A number of physicians, too, have ordered the apparatus from Philadelphia for use in private practice. So we shall have reason soon to say from personal experience whether our Eastern friends have recommended something really valuable or a most worthless procedure. We shall be glad to publish results as they develop if our friends will kindly let us have them.

ANNUAL MEETING OF THE LOUISIANA STATE MEDICAL SOCIETY.

The ninth annual meeting of the Louisiana State Medical Society was, as we ventured to prophecy in our last number, in one respect an unprecedented success, in many

others a most lamentable failure. Never before have so many and such good papers been presented to the Society. Never have such wretched excuses for the reports of its Standing Committees been by it accepted.

The Committee on Organization of the profession throughout the State, *reported progress*—which means in Committee language that none has been made—and was continued and its time extended. We will venture the assertion that not an effort was made by a single member of this Committee during the year to establish a society in any Parish in the State. Indeed, the Committee failed even to present a written report, and though at least two Parish Societies have been founded during the year, this Committee, whose express duty it was to attend to such business, appeared to be profoundly ignorant of the fact. The Committee on Medical Legislation had before it a single measure of great importance. At the last annual meeting, a resolution, drawn up by the Attakapas Medical Society, providing that it shall be the duty of the officers of the State to prosecute violators of our State law requiring the registration of all regular practitioners, was approved and adopted, and placed in the hands of a Special Committee to be put in proper form for submission to our State Legislature. The Committee on Legislation reported that its members were present in Baton Rouge ready to press the measure before the Legislature, and that from what they saw of the temper of that body, they have no doubt that the amendment could have been easily carried. The Committee charges the blame upon the Chairman of the Special Committee, saying that one of its members wrote to him again and again, but received no reply, the draft of the amendment reaching it only a week or two before the Legislature adjourned. This was doubtless a shameful neglect of duty on the part of the Chairman of the Special Committee; but it seems to us that the Committee on State Medicine is not wholly free from blame. In a matter of such vital importance not only to the profession but to the whole people of the State, the Committee should have

called to its aid the authority of the President of the Society to compel the Chairman of the Special Committee to do his duty. Had the Committee done so, it would have cleared its skirts, and the members of the Society would now know exactly where to place the blame. The Committee on Necrology had prepared no report. A member presented a few lines on the death of Dr. Fish, copied from the April number of this JOURNAL, and the Society again stultified itself by accepting the report and granting the Committee time to prepare a more complete one (!). It is true that the Chairman of this Committee, who is one of the really very busy men we know, was not at the meeting, but this does not excuse him for not having directed a member of his Committee to prepare a report, nor the members of the Committee for not having discovered that he was unable to prepare the report and having prepared the paper themselves. Members of committees seem to have forgotten that the Constitution of the State Society especially declares that they shall not be deemed excusable in case of failure by a committee chairman to perform his duty.

Those who were present at the first morning's session of the Ninth Annual Session of the Louisiana State Medical Society will not be at a loss to account for the feeble vitality of the Society or the slow progress in organizing the medical profession in the State of Louisiana. It is not going too far to say that the business portion of this meeting was a farce, and those engaged in the stern business of life cannot be expected to sacrifice time, comfort and money to take part in such a performance.

Another unfortunate feature of these meetings is the conspicuous absence, with a few bright exceptions, of the elders of our profession in the State, especially in this city. The majority, the vast majority, at these meetings is composed of practitioners from the parishes and young men. The poor country doctors and young physicians struggling for a living are expected to make every sacrifice to be present, while the worthy and emi-

nent practitioners of the city plead their exacting practices and satisfy their consciences. Vain excuse! As though they were not surrounded by a score of young men who would only be too glad to take charge of their "exact-ing practice" for four or five per cent. of the returns. Many of the country physicians who attend these meetings live in isolated situations and can obtain no such aid and yet they manage for a day or two to elude the demands of their large and absorbing practice. Can it be that the jingling of the guinea makes a difference even in the noble and disinterested profession of medicine?

It is in no carping spirit (as we have said before) that we make these criticisms, but because of our affection for a society to which every member of our staff belongs and which we believe capable of so much good if properly supported by the profession of the State.

Even in the meeting just passed some excellent moves were made. The resolution condemning the closing of the position of Resident Student against all save citizens of Louisiana, and that looking towards the establishment of a great medical library, must be productive of great good if not permitted to languish by the committees to which they were referred. The reports, too, of the Recording Secretary, the Treasurer, and the Committee on Revision of the Constitution, were highly satisfactory. The work of the Committee on Reports and Essays lent most of its success to the past meeting, but there is no denying that it might have been better. The work was begun too late. We call upon the chairman to subdivide his committee at once, and to circulate postal cards asking for papers, not once or twice, but many times during the year. Only continual droppings wear away the stone of indifference.

The meeting next year should be a good one. The present President of the Society is a man noted for his energy and perseverance, and it is to be hoped that he will not permit the sloth and indifference of his committees to make child's play of the meeting over which he is to preside.

Finally, we cannot close this article without alluding to

the splendid and, in our State, almost unprecedented generosity of the two citizens of Alexandria who came forward to the support of the plan for the establishment of the library. He gives twice who gives promptly, and the names of Dr. Julius Johnson and Major Geo. O. Watts—neither of them by any means rich men—should be placed upon our roll of honour, never to be forgotten while the Louisiana State Medical Society endures.

IMPORTANT.

It gives us great pleasure to announce that the good will of the *Florida Medical and Surgical Journal* has been transferred to the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, Dr. T. O. Summers becoming our active collaborator. By this change Dr. Summers hopes to achieve the end for which he established the *Florida Medical and Surgical Journal*, viz: to give the profession of Florida a powerful organ for the utterance of their views and opinions, a medium for the publication of all matters affecting them, and of all news of interest to them. These aims will be fully carried out. We heartily invite the profession of Florida to coöperate with us in making our JOURNAL what we hope and believe it will ultimately become, the great medical organ of the whole southern profession, by sending us their papers, reports of cases, news, etc., while Dr. Summers will through our editorial and other columns speak out for Florida in no uncertain voice. To most of our readers it is needless to say how great an acquisition Dr. Summers is. Those who are as yet unacquainted with him, we refer to the notable article from his pen published in this number—that is enough, yet we will add that he was for years the student of Virchow, Orth, Reubner and Von Langenbeck, and that though still a young man he has held the chair of anatomy in Vanderbilt University and the University of Nashville, and for several years that of Physiology and Clinical Surgery in the State University of Tennessee.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

THE THERAPEUTIC VALUE OF RECTAL INJECTIONS OF CARBONIC ACID AND SULPHUROUS ACID GAS IN PULMONARY TUBERCULOSIS.

By Drs. SPILLMAN and P. PARISOT, in the *Journal des Com. Med.*, January 27, 1887.

Before giving the therapeutic results of their experiments, these two authors put two important questions to themselves :

1st. To what height does intestinal distension reach after the injection of about eight pints of gas? They found that in the cadaver this quantity of gas only distended the large intestines; they also thought that this method might be used to determine the position of the large intestines, should it be desirable. With injections larger than eight pints, cramping of the anus was produced, and they might possibly occasion in feeble patients paralysis of the large intestines.

2nd. How much sulphurous acid gas will eight pints of carbonic acid gas displace and take up in bubbling through a flask of artificial mineral water? It was determined from experiments, made at Nancy, that the quantity taken up was very small, and that the slowness of passage of the carbonic acid gas had an influence on the amount taken up.

These authors conclude from their experiments that the method of Dr. Bergeon was powerless in averting tuberculous exacerbations; much less is it capable of arresting the development of phthisis. The night sweats do not seem to have been influenced by the medication, and the temperature was not permanently lowered. The appetite was not disturbed, but there was temporary intestinal uneasiness, with distension of the abdomen, rendering confinement to the bed necessary. The weight remained the same, and the general condition in this, as with other medicaments, was dependent upon the progress of the disease. The sleep was quiet and restful and was due solely to the carbonic acid gas.

Finally, according to Drs. Spillman and Parisot, rectal gaseous medication is palliative and not curative.—(*Revue Mensuelle de Laryngologie, d'Otologie, et de Rhinologie, for April.*)

SURGERY.

CURE OF ABDOMINAL ANEURISM BY LORETA'S METHOD.

Dr. John F. Morse, of San Francisco, reports in the *Pacific Medical and Surgical Journal* for February, a case of aneurism of the abdominal aorta successfully treated by abdominal section and introduction of wire, the method proposed a year ago, (see NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, July, 1885) by Prof. Loreta, of Italy. The aneurism seems to have been traumatic in origin, the patient having been violently struck in the abdomen by a coal bucket eight months previously. The aneurism apparently developed gradually, at times giving little trouble, at other times causing intense pain in the back, sides and abdomen. At one time he greatly improved under treatment by rest, low diet and large doses of iodide of potassium; indeed, he felt so much better that he left the hospital and resumed his work as a stevedore. He continued at this work for three months, when being again setzed with severe pains and vomiting, he returned to the care of Dr. Morse, eight months after he sustained the injury.

The patient at this time, November 17, 1886, was a well developed, muscular man of 32 years of age. "About the centre of the abdomen extending a little more to the left of the umbilicus is situated a pulsating tumor. which shows all the signs of an abdominal aneurism" is the note recorded at the time.

On November 17th, the usual antiseptic precautions being taken, the abdomen was opened by a four inch median incision. The intestines being withdrawn, the aneurism was seen to be about the size of both fists. An exploring needle, one mm. (1-25) in diameter was thrust into the sac and one yard and a half of silver-plated copper wire one half mm. in diameter was introduced and the needle withdrawn. The slight hæmorrhage resulting was stopped by touching with carbolic acid. The abdomen was closed and antiseptically dressed. There was vomiting for several days, but the temperature was only one day as high as 101° F. The sutures were removed one week after the operation, the wound being healed. On November 26, the left leg was enormously swollen and no pulsation in left femoral. The swelling disappeared gradually.

December 13. Tumor hard, no bruit and pulsation not greater than over normal aorta.

December 17. Pulsation scarcely visible, no bruit, patient in excellent condition; wound completely healed; pulsation not yet returned in left femoral, slight in right.

December 28. Patient up for a week. Pulsation returned in left femoral, slightly increased pulsation over sac; no pain.

January 7, 1887. About to leave hospital; pulsation again diminished; tumor one-half the size of the original, like a hard nodule, no bruit; pulsation in femorals about equal.

[It will be remembered (see this JOURNAL, July, 1885, p. 80) that Loreta's case was discharged as *cured*, three weeks after the operation, but that ninety-two days later, (see his JOURNAL, August, 1885, p. 153) he died suddenly, the autopsy showing rupture of the aorta at the angle of junction between the artery and anterior wall of tumor. We have looked through the March and April numbers of the JOURNAL from which the above abstract was made and we find no further mention of the case. In view of the unexpected result in Loreta's case so long after cure had been apparently complete and also of the fact that in Morse's case "slightly increased pulsation over the sac" was noted on December 28, only eleven days previous to the final note on January 7, just fifty days after the operation; it would be interesting to hear from the doctor of the later condition of the aneurism.

However, considering the age of the man, his vigorous condition and the traumatic origin of the aneurism, we believe a cure has been effected and the operation demonstrated to be a perfectly justifiable one.]

OBSTETRICS, GYNÆCOLOGY, Etc.

ELECTRICITY IN OBSTETRICS, ESPECIALLY WITH REFERENCE TO THE INDUCTION OF PREMATURE LABOR.

Dr. Green quotes a case of Walcher's, in which the induction of premature labor was indicated in a multiparous woman on account of some contraction of the pelvis. In this case the constant current of ten elements was used, introducing the negative electrode into the cervix, and placing the positive pole under the fundus, each application lasting about ten minutes. Pains came on at nearly every sitting, and lasted for a varying length of time; dilatation gradually took place, and after eleven *séances* labor set in on the fifth day. The child was born dead, owing to the

umbilical cord encircling the neck; and as the foetal movements were distinctly increased during the passage of the current, it was thought possible that the position of the cord had been caused thereby. Bayer reports four other cases in which electricity was employed with fair success. Bayer's opinion on the subject was that the constant current generally awakens the pains, but the result is not always successful. He considers that frequent interruptions of the current are more likely to set up uterine contraction, especially if the muscular substance be in good condition. Dr. Baird, of Albany, has published the results in 220 cases; this authority used the faradic current, and applied one electrode over the lumbo-sacral region and the other over the abdominal wall, taking special care never to include the head of the foetus in the circuit. Dr. Baird believes that electricity has a very extended field of usefulness in obstetrics; in short, in any case in which it may be desirable: 1, to modify the pains of labor; 2, to favor a more rapid dilation of the os; 3, to promote more vigorous uterine contractions; 4, to add tone and strength to all the muscles engaged, and increase their power of doing work; 5, to abridge the time occupied by labor; 6, to prevent shock, exhaustion, and *post partum* hæmorrhage; 7, to insure contraction of the uterus in cases of instrumental delivery; 8, to act as an auxiliary in the induction of premature labor; 9, to arrest hæmorrhage and accelerate labor in cases of placenta prævia; 10, to prevent an undue expenditure of nervous force, in all cases of debility from whatever cause, thus leaving the patient in a condition to secure a speedy and favorable convalescence.—*London Medical Record, Archives of Gynæcology.*

OPHTHALMOLOGY AND OTOTOLOGY.

CLOSURE OF SCLEROTIC WOUNDS BY SUTURING THE CONJUNCTIVA.

Mr. Simeon Snell, of Sheffield, England, says that for a long time he has been convinced that it is unnecessary and undesirable to suture the sclerotic directly for wounds of that tunic. Perfect apposition is obtained by passing a needle threaded with carbolized catgut or silk well underneath the conjunctiva on either side of the wound and tying firmly. This method obviates the necessity of a suture through the sclerotic, choroid and retina, and leaves no loop in the interior of an eye where the vitreous is al-

ready broken up; it changes the deep wound into a subcutaneous one; union has not to be disturbed by removing sutures; the passage of needles through the wounded sclerotic often increases the loss of vitreous, and this is avoided.—*British Medical Journal*.

DEATHS FROM EAR DISEASE.

“Dr. Ariza,” says the *Medical Record*, “writing in *El Dictamen* asserts that every person who has had suppurative otitis media dating from infancy dies from the consequences of this affection before or during early adult life. Death in these cases results from caries, pyæmia, thrombosis of the cranial sinuses, meningitis, encephalitis, or abscess of the brain. [Although we regard this statement as exaggerated, we repeat it to show how gravely this disease is regarded by those whose business leads to its especial study, and how blind and stupid is the advice to let a running ear alone, not to check it, leave the child to outgrow it, etc.]

BOOK-NOTICES.

A Treatise on Simple and Compound Ophthalmic Lenses; their Refraction and Dioptric Formulæ, Including Tables of Crossed Cylinders and their Sphero-Cylindrical Equivalents. By Chas. F. Prentice. Published by James Prentice & Son, Opticians: New York, 1887.

The first object of this book is perhaps that stated in the “Special Notice” at the back, to show that Prentice & Son are thoroughly qualified and to give sufficient evidence in their favor in this regard to gain the good will and confidence of oculists. Its second object as set forth in the preface is to treat of refraction by simple and compound ophthalmic lenses through graphical and analytical means, and so guide the reader upon a path by which he may gain easy access to an understanding of the subject without recourse to mathematical dioptrics. We can congratulate the author upon having gained both his ends in large measure. While we imagine the book would be rather difficult for an absolute novice, it cannot fail to be of great pleasure and profit to a large number of persons, who having partially forgotten their physics and totally their math

ematics, are anxious to renew their acquaintance with the subject. The figures, drawn with consummate skill, are the best illustrations of the subject we have ever seen, and the tables of crossed cylinders are very convenient. Indeed we believe every oculist and optician would be glad to possess a copy of this elegant, slim, green covered volume.

H. D. B.

The National Dispensatory containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines. By Alfred Stillé, M. D., L. L. D., and John M. Maisch, Ph. D. Fourth edition, revised and improved, with 311 illustrations. Philadelphia: Henry C. Lea's Son & Co., 1886. [New Orleans; Armand Hawkins, 194 Canal St.]

When the first edition of this valuable work appeared, it presented a faithful picture of the state of pharmaceutical science at that time. Since then, though but few years have elapsed, many changes have taken place and many additions have been made to our stock of knowledge. In the rapid advance made by science at the present time, a book that is new to-day may be old to-morrow. The compilers of the *National Dispensatory* have resolved that such shall not be the fate of their work, for in this edition are found descriptions of the latest additions to our *materia medica*, including antipyrine, cocaine hydrochlorate, cascara sagrada, fabiana, franciscea, gymnocladus, hydroquinone, hypnone, iodol, jacaranda, lanolin, menthol, phormium, sulpho-phenol, thalline and urethane; all the references to the *British Pharmacopœa* have been revised, as the new *pharmacopœa* has appeared since the publication of the third edition of the *National Dispensatory*. The present edition contains 1781 pages, including a general index and a copious index of therapeutics. The work is printed and bound in a manner creditable to the publishers and worthy of the subject matter.

A. Mc S.

MARRIAGES.

DR. LOUIS HENRY LAMBKIN (late Resident Student, Charity Hospital, New Orleans,) was married April 21st, 1887, at Trinity Church, Natchez, Miss., to Miss Alice Rose, of that city. The Editors return their thanks to

Mrs. Fanny Rose, the bride's mother, for invitations to the wedding and reception.

DR. R. B. JACKSON (Tulane University class of 1884-86) to Miss Nora Wright, at the residence of the bride's father, in Hubbard City, Texas, on April 13. 1887.

During the week ending April 23d, DR. CLIFFORD H. IRION, of Rocky Mount, La., oldest son of Judge A. B. Irion, was married at Cheneyville, to Miss Kate K. Stafford.

Deaths.

DR. STANHOPE P. BRECKINRIDGE died at his residence in Chattanooga, Tenn., in the latter part of March, ultimo, aged 47 years. He was a native of Kentucky, and was a member of the celebrated Breckinridge family which has furnished that State with so many eminent men. He was a son of Dr. William Breckinridge, a noted divine, and nephew of the famous Dr. Robert Breckinridge. Just before the war he received his degree in medicine at the University of Louisville. When the civil contest began he enlisted in the medical corps under Gen. John C. Breckinridge, and in that capacity served until peace was declared. After the war he became a professor in the Louisville Medical College, and an editorial writer on one of the daily papers of that city. He was a vigorous and graceful writer. His wife died after a few years of married life, and Dr. Breckinridge never recovered from the grief caused by her death. About ten years ago he went to Chattanooga, and has since resided there.

DR. PETER EAGER, a prominent citizen of Wyandotte, Kansas, died March 31st, of pneumonia. He was a member of the State Board of Pharmacy and an active member of the bar. He formerly lived in Newburgh, N. Y., and New York city. He leaves several children. One daughter is the wife of C. C. Baker, of Topeka, the State printer. The remains were taken to Newburgh for burial.

MRS. DR. MARK LEHMAN, nee Belle Kahn, died at her husband's residence, in this city, after a brief illness.

ON Monday evening, April 18th, 1887, at 7:15 o'clock, W. S. MITCHELL, M. D., aged 51 years, a native of Natchez, Miss., and for the past thirty-eight years a resident of this city, passed away. Dr. Mitchell came to New Orleans when still a boy and grew up with the Crescent City,

sharing at times its prosperity and misfortune. He studied medicine and embarked in life successfully as a physician. At the outbreak of the war Dr. Mitchell, whose sympathies were strongly with the South, entered the Confederate service as surgeon, and left New Orleans with the First Louisiana Regiment. He served in the field with the Army of Northern Virginia. After the war he returned to the practice of his profession in this city, and was for a long number of years the surgeon of the Benevolent Association of the Army of Northern Virginia, Louisiana Division. He was very much beloved by his comrades, who deeply mourn his loss.

In Plaquemine, SALLIE D. GRASS, wife of Dr. W. Barker, aged 24 years, during the week ending April 23d.

MEDICAL NEWS AND MISCELLANY.

HEREAFTER our department of Abstracts, Extracts and Annotations will contain a section on Dermatology conducted by Dr. H. W. Blanc, whose name appears this month on the list of our editorial staff. That this will lend additional interest to the JOURNAL, Dr. Blanc's ability is a sufficient guarantee.

AN Arkansas man made a bullet out of a piece of plug tobacco and shot it through the body of a wild cat. The animal died. Here we have another forcible illustration of the fatal effects of tobacco on the system. — *Norristown Herald*.

THE Mississippi State Medical Association met in Jackson, Miss., April 20, 1887, with about 100 members present; Dr. Toombs, President; Dr. Todds, Secretary.

The morning session was consumed principally in receiving the reports of the various Officers all going to show the prosperity and progress of the association.

The Judiciary Committee recommended the following as eligible for membership: T. W. Wright, Nolan Stewart, E. A. Neilly, James L. Minor, G. L. Page, A. C. Kuykendall, C. M. Henderson and A. Holder. They were duly elected.

The Committees were appointed as follows:

On Necrology—L. Sexton, J. H. Blanks, J. E. Halbert, J. L. McLain, Wm. Payne.

On Special Medical Topics—N. L. Guice, J. W. Bennett, J. A. Shackelford, T. E. Butler, S. V. D. Hill.

To Nominate Delegates to the National Association—B. F. Kittrell, T. T. Beale, E. T. Shuler and R. F. Edwards.

The second day's session was marked by increased attendance. During the morning session Dr. J. A. Brown, of Kosciusko, was expelled from the Association by a unanimous vote for violating the rules of the Association, in purchasing the right to use a secret medicine from an alleged irregular practitioner in New Orleans.

An unusually large number of interesting papers were read. Among the number, one by Prof. Kelly, of Louisville, and two by Drs. Sinclair and Minor, of Memphis, on ophthalmological and otological subjects.

Dr. L. N. Guice, of Natchez, was elected President; Dr. Sexton, of Hazlehurst, Vice-President, and Dr. M. J. Thompson, of Meridian, Second Vice-President; Dr. Todd, of Clinton, Recording Secretary, and Dr. John Hunter, of Jackson, Treasurer.

Mr. T. Englebach, of New Orleans; W. B. Lillard, of the NEW ORLEANS MEDICAL JOURNAL, and Dr. E. A. Neely, of the *Mississippi Valley Medical Journal*, were in attendance upon the convention. The next annual meeting will be held in Jackson, on the third Wednesday in April, 1888.

THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA met at 12 M., Tuesday, April 12, at Tuscaloosa, with 117 members present, Dr. Frank H. Sims, of the Tuscaloosa Co. Medical Society, delivered the address of welcome, the annual presidential address being delivered by Dr. S. D. Seelye, of Montgomery, and the annual oration by Dr. R. P. Huger, of Anniston. The second day's session was held in the Amusement Hall of the Alabama Insane Asylum, and during the session Dr. Peter Brice gave an admirable clinical demonstration of the various phases of insanity, which was full of interest and elicited the warmest praise from those present. At 3 P. M. lunch was served in the dining hall of the institution, and then, after a visit to the wards and grounds of the Hospital, the members of the Association, upon the invitation of Dr. H. D. Clayton, President of the University, visited the University of Alabama and witnessed the drill of the cadets. The whole meeting was characterized by energy and interest, and a large number of valuable papers were read. A feature of the meeting was the many handsome displays by druggists and in-

strument makers: Wm. Warner & Co., and Jno. Wyeth & Bro., of Philadelphia; Doliber, Goodale & Co., of Boston; T. Englebach, of New Orleans; J. P. Alban, of Memphis; J. Phillips, of Atlanta.

The *Atlanta Medical Journal*, the *Alabama Med. and Surg. Journal*, and the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, had representatives present.

THE typho-malarial fever lately prevailing on the Rancho plantation, Terrebonne parish, is said to be spreading up the bayou.—*La. Sugar Bowl*, April 2d.

A Parish Medical Society was organized April 2d, in Abbeville, with Dr. W. D. White, President.

THE Twelfth Annual Session of the State Medical Society, of Arkansas will be held at Little Rock, Ark., Wednesday, Thursday and Friday, June 1, 2 and 3, 1887, commencing on Wednesday at 10 A. M.

THE END AT LAST.—A dispatch from Washington, dated April 23d, says: "The President has directed the appointment of Surgeon Geo. M. Sternberg to investigate the merits of inoculation for the prevention of yellow fever, as practised in Mexico and Brazil.

RAPIDES MEDICAL SOCIETY.—We are pleased to say that this Society is now firmly established and is in a flourishing condition. At a meeting of the Society held last Wednesday the following officers were elected to serve during the ensuing year: E. B. Price, President; Jas. H. Cruikshank, Vice-President; J. A. Johnston, Secretary. Three new members joined the Society on last Wednesday; R. Kilpatrick, M. D., Cheneyville; Webster Smith, M. D., Hineston; R. L. Randolph, M. D., Fairmount. *Alexandria Town Talk*, April 16th.

THE next annual meeting of the North Carolina State Medical Society will be held in Fayetteville, N. C., on the second Tuesday in May, 1888.

DR. MERCADAL MARTIN.—Our highly esteemed Spanish exchange, the *Gaceta Medica Catalana* comes to us this month with a dark border of mourning on its title-page. This is in memory of one of Spain's prominent physicians, Dr. Mercadal Martin, who died on February 24th, 1887. Dr. Martin was a frequent contributor to the pages of the *Gaceta*, and he laid the foundation of all that relates to the fine arts in that Journal. We join Dr. Rodriguez Mendez in deploring the loss of so valuable a member of the profession.

MORTUARY REPORT OF NEW ORLEANS

FOR MARCH, 1887.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial, unclassified.....	1	2	1	2	3	.....	3
“ “ Typho.....	.....	1	.....	1	.....	1	1
“ Congestive.....	4	2	3	3	4	2	6
“ Continued.....	.....	.....	.....	.....	.....	.....	.....
“ Intermittent.....	1	.....	.....	1	1	.....	1
“ Remittent.....	1	1	1	1	2	.....	2
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	.....	.....	.....	.....	.....	.....	.....
“ Puerperal.....	.....	1	.....	1	1	.....	1
“ Cerebro-Spinal.....	.....	1	1	.....	1	.....	1
Scarlatina.....	.....	.....	.....	.....	.....	.....	.....
Small-pox.....	.....	.....	.....	.....	.....	.....	.....
Measles.....	2	1	1	2	.....	3	3
Diphtheria.....	5	2	5	2	.....	7	7
Whooping Cough.....	.....	.....	.....	.....	.....	.....	.....
Meningitis.....	6	3	5	4	2	7	9
Pneumonia.....	32	24	32	24	16	40	56
Bronchitis.....	8	7	8	7	5	10	15
Consumption.....	40	23	35	28	60	3	63
Congestion of Brain.....	7	2	5	4	4	5	9
Diarrhœa.....	6	4	6	4	7	3	10
Cholera Infantum.....	1	1	.....	2	.....	2	2
Dysentery.....	2	4	3	3	4	2	6
Debility, General.....	3	2	1	4	5	.....	5
“ Senile.....	10	11	7	14	21	.....	21
“ Infantile.....	5	2	2	5	.....	7	7
All other Causes.....	161	83	140	104	158	86	244
TOTAL,	295	177	256	216	294	178	472

Still Born Children—White, 19; Colored 13; Total 32.

Population of City.—White, 176,500

“ “ Colored, 66,250

Total, 242,750

Death rate per 1000 per annum for month.—White, 20.05.

“ “ “ “ “ “ Colored, 32.06.

“ “ “ “ Total, 23.33.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—MARCH.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Prec'p. in in. & Hund.	GENERAL ITEMS
		Mean	Max.	Min.		
1	30.343	58.9	71.6	48.2	....	Mean Barometer, 30.024.
2	30.185	62.4	71.8	53.7	....	Highest Barometer, 30.416, 1st.
3	30.131	64.8	75.5	57.0	....	Lowest Barometer, 29.784, 16th.
4	30.156	63.9	75.8	57.7	....	Monthly Range of Barometer, .632.
5	30.111	67.0	76.8	60.3	....	Mean Temperature, 62.1.
6	30.034	69.6	80.8	64.0	.18	Highest Temperature, 80.86th.
7	30.028	69.8	80.0	64.7	.67	Lowest Temperature, 43.8, 22d.
8	29.976	64.8	69.0	61.0	1.42	Monthly Range of Temperature, 37.0.
9	29.973	65.6	74.3	57.6	.02	Greatest daily range of Temp. 26.0.
10	29.968	66.4	72.8	61.1	....	Least daily range of Temp're, 8.0.
11	30.030	64.3	72.6	58.5	....	Mean daily range of Temperature, 17.7.
12	30.091	63.0	73.2	54.8	....	Mean Daily Dew-point, 50.7.
13	30.120	67.1	79.2	56.0	....	Mean Daily Relative Humidity, 69.5.
14	30.046	63.5	71.6	58.1	....	Prevailing Direction of Wind, S.
15	29.930	63.4	76.8	50.8	....	Highest Velocity of wind and direction,
16	29.806	68.1	80.2	59.0	....	23., N., 31st.
17	29.932	61.1	68.0	55.8	.03	Total Movement of Wind, 5656 miles.
18	29.938	59.9	66.8	50.0	....	No. of clear days, 15.
19	29.949	58.1	68.6	49.7	....	No. of fair days, 12.
20	29.869	57.6	68.4	53.3	.90	No. of cloudy days, 4.
21	30.004	53.8	64.3	45.5	....	MEAN TEMPERATURE FOR THIS MONTH IN
22	30.154	51.6	57.5	43.8	....	1873.....60.2 1881.....59.6
23	30.092	54.0	62.1	48.7	....	1874.....66.3 1882.....67.9
24	30.026	56.4	65.0	48.8	....	1875.....55.8 1883.....61.7
25	29.929	61.1	71.8	54.2	....	1876.....59.5 1884.....64.8
26	29.882	62.7	72.8	55.0	....	1877.....60.7 1885.....58.4
27	29.850	71.4	78.1	62.1	....	1878.....66.4 1886.....58.6
28	30.040	58.3	73.0	50.4	....	1879.....64.5 1887.....62.1
29	30.186	52.3	62.8	44.7	....	1880.....65.5
30	30.012	62.4	72.0	50.0	....	TOTAL PRECIPITATION (IN INCHES AND
31	29.953	61.9	77.6	52.8	.15	HUNDREDTHS) FOR THIS MONTH IN
Sums	.....	.....	.....	.....	3.37	1873.....5.10 1881.....2.75
Means	30.024	62.1	.....	.....	.....	1874.....5.57 1882......92
						1875.....13.85 1883.....5.01
						1876.....11.32 1884.....8.24
						1877.....4.94 1885.....6.99
						1878.....4.63 1886.....8.41
						1879.....1.36 1887.....3.37
						1880.....6.66
						Dates of Frosts { Light, 0.
						{ Killing, 0.

M. HERMAN, *Sergeant Signal Corps, U. S. A*

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In Typhoid Fever the pathological conditions present in the large and small intestine about the ileo-coecal valve from the inflammation and suppuration of the agminated and solitary glands demand a food containing no excrementitious matter, while the depressing effects of the disease upon the vital powers through the nervous system makes a highly nutritious and stimulating food absolutely necessary.

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Bovinine alone, or as an adjuvant to the milk diet ordinarily employed, is of the greatest benefit in either the acute stage of the disease or during convalescence from it as it is readily borne by the weakest stomach, and is acceptable to the taste of every patient.

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In all cases where rectal alimentation is necessary, no more eligible food preparation can be found than Bovinine. Reports of several cases are at hand showing increase of strength and weight in patients nourished for weeks upon Bovinine exclusively, administered in this manner.

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JOHN MILTON DUFF, M. D.,
Professor of Obstetrics in the Western Pennsylvania College.

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"DETROIT SANITARIUM," F. W. MANN, Resident Physician.

Memphis, Tenn., 26 Jan'y, 1897.

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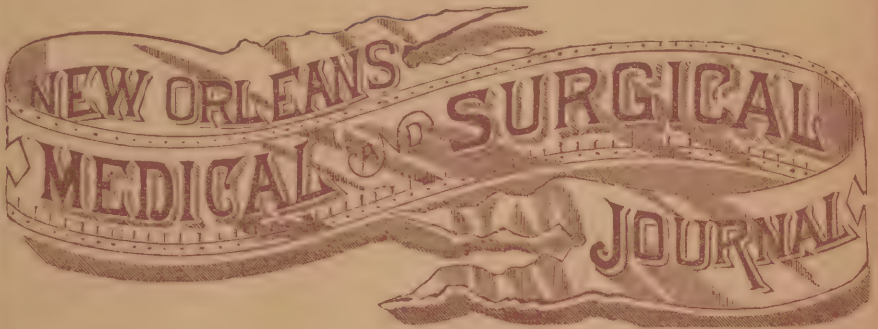
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*Paucum sepultæ distat inertia
Celata virtus.*—HORACE

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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

JUNE, 1887.

ORIGINAL ARTICLES

No paper published, or to be published in any other medical journal, will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if *a written order* for the same accompanies the paper.

Infants, Their Chronological Progress.

By STANFORD E. CHAILLE, A. M., M. D.,

Professor Physiology, Pathological Anatomy and Hygiene, Tulane University, La.

"At first, the infant
Mewling and puking in the nurse's arms."

Life's first requirement is nutrition or self-maintenance, and the second is reproduction or maintenance of the species. No living thing can escape the bondage of the former, and few adults do escape tribute to the latter. The result, for most men and women, is co-partnership in a baby. Many of these co-partners, misled by love and vanity, attribute superlative merits to their own offspring; some few, timid and inexperienced, are distressed by idle fears of deficiencies; so that, on the whole, few parents estimate aright the progress which the ordinary average baby, especially if their first one, ought to make. Doctors and nurses have better knowledge, but even doctors, if as ignorant as myself, must have often deplored their inability to answer with satisfactory accuracy the very natural questions, frequently propounded by parents, concerning the age at which this, that, and the other indication of progress

should be developed. For this reason it is worth while to note, more fully than is recorded in any book which I have found, the progress which should be expected of the average baby.

But, however desirable it may be to restrain within proper bounds the vanity and fears of parents, the evolutionist finds graver reasons still for a more accurate record of baby-progress. Forced to regard the various wondrous stages of development, inside the womb, either as an inexplicable mystery or as a recapitulation of the progress of animal life from its lowest to its highest manifestation, and, therefore, as a memorial of man's ante-human ancestry; the evolutionist is also forced to regard life, outside the womb, as a mere recapitulation of man's ancestral progress upwards from his primitive savage condition, through the stages, termed barbarous and semi-barbarous, which every people and every infant must traverse to attain civilization. So that the careful study of the infant's progress, especially its mental and moral progress, justifies the paradox of a distinguished evolutionist who claims, that this research possesses a "peculiar *antiquarian* interest." All parents who have little children can see any day if they look aright, the sight, which the dying gladiator, "butchered to make a Roman holiday", saw only in a vision, "his young *barbarians* all at play." Having long entertained this view, I have been forced, as to even the babies in which I have enjoyed a co-partnership, to substitute, for the common expression "dear little angel," the more truthful phrase "darling little savage." And the sooner all parents recognize that their infants are, in truth, born-savages, for whose gradual development into civilized adults they are responsible, the better will it be for the future of these infants. This view would not, at any rate, increase the number, at present very great, of the class now termed "hoodlums," who are no more than savages living in the midst of, yet left undeveloped by, civilization.

For reasons now given, evolutionists have been prompted, in recent years, to investigate more thoroughly the phe-

nomena of infant progress, and even Charles Darwin was induced to contribute, ten years ago, a few instructive pages entitled "A Biographical Sketch of an Infant." Such researches have already conferred some and are destined ultimately to confer far greater benefits on that important branch of the science of education, termed pedagogics. Teachers greatly need more accurate knowledge of the mental and moral faculties of the average child at different ages. To what extent are these various faculties developed, what peculiarities and what deficiencies characterize different ages? For instance, a more thorough but still incomplete study of the faculty of *attention*, or capacity to concentrate the mind, has proved that teachers have habitually expected from children more than the brain of the average child is capable of; that no ordinary child of seven years of age should be expected to concentrate the mind, continuously on one subject, more than fifteen minutes, and if under eighteen years not more than thirty minutes. Should *memory* ever be duly studied, it will no doubt be proved that too great a burthen is usually imposed on this faculty also. It is also believed that, while attention and memory are imposed upon, the training of the senses or of observation, of the judgment, and of the imagination is habitually and greatly neglected.

If this introduction has induced the reader to regard the study of infant progress from my own point of view, he will probably be disappointed, as I have been, with the results, about to be submitted, of my study of the subject. Not only are there regrettable omissions and deficiencies, but there are also statements for which I decline any responsibility except that of citing them correctly from good authorities. I have attempted to record specially the average baby only and not the exceptional one; and I have confined myself to very brief statements of subjects to be found in the text-books, such as teething, the pulse, etc. I shall be content if this imperfect article should serve to add to the lively emotional interest, always felt in the infant and its progress, a greater intellectual interest, and should stim-

ulate others to study the subject and record the results as thoroughly as should be done.

Since it would be tedious and less convenient for reference to record, in the chronological order adopted, the facts gathered in regard to the interesting subjects, the eyes and the hair, and that most important subject, the growth of the body, these facts have all been transferred to the close of this article.

FIRST FOUR WEEKS OF LIFE.—The cord begins to wither on the first, dries up by the third, sloughs off about the seventh, and cicatrizes about the tenth to twelfth day.

Exfoliation of the epidermis begins the first week and continues usually to the fortieth day.

The pulse beats per minute about 140 times at birth; 128 at six months; 120 at one year; 110 at two years; and 90 to 100 at three years.

From birth, the reflex acts, sucking, crying, sneezing, hiccoughing, yawning, stretching, etc., are all well done. The nervous phenomena presented are those merely of a reflex automatic machine, with very little active volition and little distinct perception of external objects. One must descend low down in the scale of animal life to find an adult prototype of the new born infant, whose chief instinct is gluttony and whose sole apparently intelligent voluntary act is to suck.

All the senses are incapable of the delicate appreciations familiar to adults. For some days, taste, touch and smell are apparently better developed than hearing and sight. But even taste, which appears to be the sense best developed at first, is very inferior to the adult's, and continues so at least to the sixth month; babies will swallow, without apparent disgust and even with relish, things nauseous to adults. While there is common sensation, yet *touch* is so imperfect that it is long, probably some months, before a new born baby can appreciate the *place* on its own body where it may be touched and still less the nature of *the thing* which may touch it. Sensitiveness to bad smells or to odors of any kind is seldom shown before the fifth week.

Babies are at first apparently deaf, but, during the first fortnight, susceptibility to sound is usually observed; sudden sounds causing them to start and to blink. They take months to learn to appreciate the *direction* and the *distance* of sound.

During even the first week babies probably distinguish light from darkness, but not until the second week will their eyes follow a candle. In fact, nothing except a candle or a light will cause them to fix their eyes, from usually about the tenth to even the forty-fifth day. It is alleged that ordinarily they do not begin to distinguish objects, even confusedly, until about the end of the fourth week. Physiology justifies the belief that the baby must see two images, both flat and upsidedown, of every object looked at; and it is certain that months are taken to acquire appreciation of the *solidity* and *distance* of visual objects.

Fear may be indicated during the first weeks, but is not usually very manifest before the third month. Babies usually first smile after three weeks of age.

At fifteen days old, and probably earlier, a feather, passed over the eyes and nose, may cause the eyes to close, nasal contraction and a frown.

Darwin says that the first tear is shed from the twentieth to the one-hundreth day. I have trustworthy evidence of one baby who shed its first tear before it was fourteen days old, and I have now under observation a baby who shed its first tear, a solitary one and out of one eye only, on the ninety-eighth day; yet this infant has never lacked the usual baby accomplishment of crying often and vociferously. The lachrymal glands usually begin to secrete during the third and fourth month, and the salivary glands during the fifth and sixth months. These facts justify the inference that the pancreas and other conglomerate glands gain slowly their power to secrete.

ONE MONTH (30 to 60 days) OLD.—Before the fortieth day the hands are moved awkwardly but voluntarily to the mouth, but other movements of limbs and body continue to be vague, jerky, purposeless.

At thirty to forty days luminous objects give manifest pleasure.

About the fifth week repugnance to some bad smells may be shown, and at six to eight weeks some odors attract while others repel.

About the fifth week the mouth and tongue begin to move in crying, instead of this being exclusively laryngeal as heretofore.

The first expression of *disgust* has been noted at the seventh week.

TWO MONTHS OLD.—Babies begin to acquire some idea of distance, so that they less frequently scratch their faces without intending it.

At eleven weeks old a baby may take a bottle in the right hand and a week later in the left.

At two months old no appreciation may be shown of ordinary sounds, such as a footstep in the room; and no color be noticed except red.

At this age *anger* may be shown and there may be a frown due, not as heretofore to physical pain, but to mental displeasure.

At two and one-half months old a bottle of water, instead of milk, may be refused with an expression of *disgust*.

A genuine laugh, that is a merry expression with sound, is not apt to be observed before the sixty-fifth day. In one case the first little chuckle occurred on the eighty-seventh day.

THREE MONTHS OLD. The head can usually be held erect, when a baby is three to three and a half months old.

About the end of the third month the distinct color of the skin, whether blonde or brunette, is usually established.

Tears are usually shed the third or fourth month.

The hands are voluntarily lifted to the face much oftener; they are stretched out also to near objects, and the arms are held out to the mother.

Heretofore, hearing and sight have been the senses

chiefly employed in self education, but at the third month the infant begins to employ touch, to take hold of and feel everything.

Sounds, if rythmical, are apt to give pleasure.

At three to five months old, babies are fond of brilliant colors only, as are adult savages, and may be amused with some pictures.

From the third to the tenth month, fear is very plainly shown, and is aroused far more through the ear than the eye.

When three months old, there may be evidence of dreaming, also of jealousy, and also of anger indicated by pushing away things disliked.

When three and a half months old, a baby may be amused by the play of covering and uncovering the face.

Also at this age, though usually not until six or seven months old, there may be varying cries and joyous babblings, but only vowel sounds, and there may be capacity to distinguish several parts of the body; for instance, if asked "where are your feet?" the baby may have learned to look at them. Thus there may be shown, even when three and a half months old, the germ of an effort at language and power to comprehend it.

FOUR MONTHS OLD.—A baby can sit upright and can execute a few special actions with his hands although he may still often fail to seize objects brought close to him. The use of hands and arms is developed much sooner than is the use of the feet and legs.

At four to six months old, all babies like being sung or played to, and some even when one month old.

They do not readily direct their eyes to the source of a sound.

They look intently at their own hands or other objects close to them, and are then apt to squint.

Fear, the first emotion manifested, is apt to be very plainly shown when four and a half months old; also violent anger, with rush of blood to face and scalp.

Darwin observed a very distinct sob on the 138th day.

At four and a half months old (even on the 102d day, in one case) a baby may smile at an image in a mirror, but is not likely to show, before the sixth month, any appreciation of the fact that what is seen is only an image, indicated, for instance, by turning away from the mirror to look at the person who causes the image to make a grimace. Infants enjoy looking at their own image, but the higher apes get angry, which is not astonishing when their ugliness is considered. May not their anger indicate that apes have an æsthetic sense, similar to man's?

Though not usual, there may be evidence at four and a half months, that a voice is recognized, and such sounds may be made as *ap, pa, mam, ma*.

FIVE MONTHS OLD.—Saliva usually begins to flow, as is stated, at the fifth or sixth month and apparently as a preliminary to dentition. However, I have seen it flow freely at the close of the second month, and without apparent connection with dentition.

A baby may attempt to move in time with music when five months old, and he may associate his own name with himself, and his eyes may seek his nurse if her name be called. Further evidence of the dawn of ideas and associated ideas may be manifested by a baby's anger, if not taken out of doors as soon as its cloak and hat have been put on.

In one case Darwin observed at five and a half months, the first articulate sound "*da,*" without attachment thereto of any meaning.

SIX MONTHS OLD.—At this age a baby sits up; arms, hands and fingers can accomplish many delicate movements, and playthings are enjoyed.

A baby may be induced, even when six months old, to swallow disagreeable things, merely by changing the color.

Lively music gives more pleasure than grave, sweet music; however, a musical education can rarely be begun before the fifth or sixth year. The drum, then the trumpet are the first instruments of primitive man and the favorites of children.

There may be evidences of painful dreams, and also of efforts to imitate.

There is some comprehension of the meaning and feelings of others by means of their facial expressions. Some faces please while others displease. Sympathy may be manifested by a baby's expression, when, for instance, the mother cries or pretends to do so.

Babies respond with jumps and other evidences of gratification to attempts to amuse them; will stroke the mother's face and babble inarticulate sounds of admiration. They are apt to begin to make a series of sounds with the vowel a (long not short), ai, au, etc. In first efforts at speaking there is always marked preference for a and other vowels.

SEVEN MONTHS OLD.—Teething is often irregular. Its usual progress will be stated: Generally it begins at the end of the sixth or beginning of the seventh month and terminates about the twenty-fourth month. Should there be no teeth by the tenth or twelfth month, the cause should be sought for, and will usually be found in defective nutrition and sanitation. The twenty teeth of infancy are usually cut in the following order, viz:

Two central incisors of lower jaw when 4 to 8 months old.

Two central incisors of upper jaw when 8 to 10 months old.

Two lateral incisors of upper jaw when 8 to 10 months old.

Two first molars of upper jaw when 12 to 15 months old.

Two lateral incisors of lower jaw when 12 to 15 months old.

Two first molars of lower jaw when 12 to 15 months old.

Four canine or eye-teeth when 16 to 20 months old.

Four last molars when 20 to 30 months old.

After the sixth month, babies sleep less in the day and chiefly at night.

Usually at the seventh and eighth month they begin to crawl on the floor.

A baby may be able to shake its head when told to do

so ; but even at seven and a half months old it is usually unable to follow with the eyes an object swinging rapidly.

At this age the nurse is usually associated with her name.

If not at the sixth month then by the seventh month babies usually begin to mumble, m, m, m and p, p, p, which soon become mamma and papa.

EIGHT MONTHS OLD.—At this age the infant usually begins to imitate sounds, and may articulate several syllables. Speech is at first always of monosyllables and of these reduplicated, dyssyllables come slowly, at about the twentieth month, and polysyllables still more slowly.

NINE MONTHS OLD.—By the ninth or tenth month babies usually begin to rise on their feet, by clinging to some object, and to learn to walk.

They associate their own names with their image in a mirror, and begin to look behind to discover the cause of a shadow.

Darwin says that at this age an infant's capacity to acquire associated ideas surpasses that of the cleverest full grown dog.

TEN MONTHS.—A vivid appreciation of odors is manifested from the tenth to the fifteenth month.

At this age a child may be taught to understand that it is naughty to cry in order to get what is wanted ; and also taught, even earlier than the tenth month, to make itself understood about making a mess in its cradle, and to be afraid to do so.

Usually only two or three words can be spoken.

ELEVEN MONTHS (335-365 days) OLD.—The anterior fontanelle should not be as large as a dime, and by the twentieth to twenty-fourth month it ought to have closed sufficiently to be imperceptible ; however, complete ossification, which may occur from the fourteenth month to three and a half years of age, usually occurs during the second year.

At the age of eleven months violent passion may be shown, as by pushing away and beating playthings. Many actions may be imitated, and the child may have been taught to be afraid of fire.

Gestures, intonations of voice, numerous words and even a few short phrases may be understood, although only a few syllables can be spoken; many animals, unable to speak a word, can yet be taught to understand many words. Darwin's child invented his first word "*mum*," (for food, as also other things) when exactly one year old, but he had understood his nurse's name five months before.

An infant may attempt before one year old to accompany its nurse in singing.

TWELVE MONTHS OR ONE YEAR OLD.—The most notable progress, during the first twelve months, is in the development of the senses and of voluntary motion; and, during the second twelve months, in walking and speaking.

The dawning of speech is the first decisive indication of development from a lower to the highest animal.

Although infants still prefer, at this age, the role of quadruped, yet most of them can toddle a few steps by themselves, and before the second year can not only stand, but begin to run alone.

Even when a year old, a child is readily deceived about the distance of a sound.

Seldom does a baby manifest spontaneous affection, as, by voluntary, unsolicited kissing, until after one year of age. But anger with revenge is apt to be shown, and while their anger is often justifiable yet it is not infrequently due to caprice, jealousy, hatred.

From twelve to fifteen months of age, children usually manifest plainly that they are full heirs of the traits which characterize the savage, primitive man, viz: self-consciousness, egotism, credulity, impulsiveness, irascibility, jealousy, cruelty, obstinacy, cunning and dissimulation. No one ought to be either astonished or shocked if children, at this age, steal and lie; for instance, steal sugar and deceive about it. Nature's first law is self-maintenance, that is, self-preservation, and lying and stealing must *seem* to the child, much oftener and more urgently than to the adult, indispensable to self-preservation. It can do no good to deplore that a little child is no better than his

adult ancestors were ; but it will do much good to prove to him conclusively that, although lying may seem to him needful for self-preservation, yet that, under the civilized conditions of his existence, his self-preservation depends really on his truthfulness. Practical demonstrations of this lesson, if enforced, even with a switch, will not tend to postpone the development of the moral sense, which depends for its growth most notably on the culture given it in childhood.

The first evidences of dramatic art, which becomes so strongly pronounced in most children, and also of moral sense is said to have been observed as early as the thirteenth month.

When one year old, infants may imitate the voices of dogs, cats, pigs, donkeys, etc., and may have advanced sufficiently as linguists to put two words together. While they usually begin to speak by the age of one year, lisping a few words, yet they may not articulate distinctly until two years old. One authority states his belief that the most intelligent children are apt to be dilatory in learning to speak, but that these dilatory children speak, when they do learn to do so, with greater ease and accuracy.

FIFTEEN MONTHS OLD. — Great progress has been made in motor activity; the hand has become trained to touch with considerable discrimination; a spoon or a glass can be carried to the mouth.

The eye and ear have become more capable of appreciating distance.

The frowns, irritable ways and angry voice of a parent may be imitated by a child when only fifteen months old, and be transmitted thus early from sire to son.

Jealousy, so common and active in lower animals, becomes plainly manifest.

The child may be rendered very unhappy by the disapproval of others, as, for instance, when its mother says "I am angry, baby." At sixteen months pity, or capacity to feel another's woe, may be plainly manifested. The child, heretofore exclusively egotistic, may at this early age thus evince the budding of altruism.

After fifteen months old, children begin to *compare*, seeking much more for resemblances than for differences, a common characteristic of uncultivated adults with inferior minds.

Most children at fifteen months will drolly counterfeit the voices, cries and songs of animals familiar to them.

EIGHTEEN MONTHS TO TWO YEARS OLD.—A spade and pail, mud and sand, are highly valued at this age. While such proclivities—harmless, pleasure-giving and even instructive to a child—should not be injudiciously interfered with, propensities, sure to be harmful ultimately, demand imperatively judicious interference; there are very many spoiled children, but they are only about half as numerous as are weak, wicked or injudicious parents, because every such child has usually two such parents who do the spoiling or suffer it to be done.

Children are slow to acquire an appreciation of the solidity, distance, dimensions and movement of objects; all that they can do, even at two years of age, is to estimate these things as to objects in reach of both eye and hand.

A strong tendency is shown to imitate the actions of adults, and to ask questions.

At this age the difference between *one*, *two* and *several* is appreciated; at two and one-half years old a child may count to twelve, but ordinarily, even at three years of age, they cannot count and appreciate more than *four* or *five*; and it takes them from the sixth to the seventh year to get up to one hundred. It should be remembered that there are adult savages, Australians and others, who never can count over four.

At this age a child will usually imitate any word proposed to it with some correctness, but certain letters are apt to be pronounced imperfectly, especially short a (as in hat); the dental aspirates, s and z; and the palatals d, g, k, l, n, q, r and t. A characteristic of baby-articulation is great trouble in pronouncing the difficult letter r, which is learned very slowly. At first l is substituted for r, and then either one for the other.

TWO TO THREE YEARS OLD.—When two years and three months old, Darwin's child would throw books and sticks at offenders; and gave evidence, for the first time, of shyness.

At two and a-half years of age children are apt to become very sensitive to ridicule, although their sense of the ridiculous is weak under three years of age.

One case is recorded of an adult, who, on seeing an object, remembered vaguely that he had seen it before, and there was good evidence that this had occurred only once and when he was eighteen months old. However, the general evidence is that there is no memory of anything occurring during the first two years of life.

Children up to two years of age do not attach meaning to abstract words, such as goodness, wickedness, ugliness; and their reasoning power, from two to three years old, does not apparently surpass that of adult lower animals, such as the dog.

From two to four years of age, children are transparent egotists, very self-conscious and almost destitute of moral sense. They appreciate as bad, only what is forbidden and punished, and as good what is praised and rewarded. Their parents are their moral law. Even at five years of age, their standard of morality is not high and is liable to frequent and serious relapses. However, they begin to have pride and to be capable of being shamed. But, even when two years old a child may show some self-introspection, some self-distrust and the germ of a wounded conscience—as indicated by such remarks as: “I would like to be always good, why can't I?” and “I feel that I cannot be good.”

At two to three years of age children, not infrequently, iterate and reiterate the same word or words without any meaning and as if imbecile although not so.

THREE YEARS OLD.—The child can understand the idea not only of yesterday but also of the day before yesterday.

The odious tendency to mockery, for instance, of the infirmities of others, rarely shows itself until after the age

of three years, unless earlier developed by most reprehensible encouragement and example.

Darwin's child, when three years and twenty-three days old had good memory of what had occurred six months before.

At the age of three, the tendencies of children still begin and end with self. They are prone to cruelty, delighting, as much as other savages, in such jollifications as the conjunction of a tin-pan and a dog's tail. They have little notion of justice to others than themselves; are apt to invent very plausible explanations to account for their own evil deeds, and very improbable explanations for the offensive actions of others to them. Until otherwise trained, the child's standard of justice and morality, requires the following decided modification of Pope's lesson:

"That mercy I to others show,
[Please don't] show to me."

The views above maintained, in regard to the natural character of untrained children, are not in harmony with the popular traditional belief, which assigns to them, in higher degree than to adults, such great virtues as faith, innocence and truthfulness. If they have greater faith, so also have they the greater credulity characteristic of feeble minds; if they be more innocent or harmless, so, also, are their power and their temptations to do harm proportionately less; if their truthfulness be greater, so, also, are their capacity and their temptations to deceive correspondingly less, and, after all which can be said, their truthfulness halts, as notably as does the adults's, at self and any suffering for truth's sake.

EYES AND HAIR.

At what age do the eyes of infants begin to change color, and at what age is this change accomplished? To what extent does the hair of the head (which grows about one-half inch a month in adults), grow at different periods of infant-life, what should be its length at different ages, and when does its change of color begin and end?

To such questions considerable research has yielded answers, lacking in satisfactory precision, however; the following facts, gathered in this search, may prove of interest. These facts have been derived chiefly from English authors, and refer, in the main, to the people of Great Britain; even in this population there are considerable differences as to color between the English, Scotch, Welsh and Irish, but I shall attempt to approximate only the general average.

Darwin teaches that hair is first developed during the fifth month of foetal life; that it then grows on the eyebrows and face, and around the mouth as a moustache; that, at first, this fine hair, or lanugo, is longer on the face than on the head; and that during the sixth month of intra-uterine life the hair thickly covers, with the exception of the palms and soles, the whole surface of the body, even the forehead and ears.

The forehead, even of the new-born infant, is covered with short, fine hair; and this hair, on the head, is generally blonde, fine, scanty, and less than a half inch long. The eyes of the new-born are always, as is alleged, a dark blue. A high authority states that the eyes generally begin to change color from the sixth to the eighth week. Galton teaches that the eyes begin to change within a few days; that "the color of eyes and hair is liable to change during childhood and youth;" that the color of the eyes is more persistent than of the hair; and that "the hair of children darkens considerably as they grow older, even up to the time when it begins to turn gray." Topinard says that "it is common for the hair, and in a less degree for the eyes, to become darker during the second period of childhood (7 to 14 years) or later." Authorities also teach that eyes and hair darken to less extent in females than in males; that the hair of females has less tendency to turn gray; that more girls have red hair than boys; and that dark hair tends to turn gray earlier than hair of other colors. As is well known, far more men than women are bald.

The various tables in Roberts' Anthropometry are difficult to digest mentally, but they justify, I believe, the following approximative estimates concerning the color of the eyes.

About 70 per cent. of the dark blue eyes of the new-born, will continue at the age of six months, to be "light," that is, some shade of blue or grey, and they will continue to be "light" not only at the fifth year, but also at maturity. The blue eyes of some 15 per cent. of the new-born will have become "dark" by the sixth month, and will so continue. The blue eyes of the remaining 15 per cent. of the new born will have become, by the sixth month, neutral or "mixed" eyes, that is brownish or green; one-third of these "mixed" eyes will have become "dark" by the fifth year, and another third will have become "dark" at maturity, so that at this last period of life, the "dark" eyes will have been increased, at the expense of the mixed eyes, from some 15 to about 25 per cent.

Roberts' tables will also, as I believe, justify as approximative estimates, about the color of the hair, the following tabular statement:

Color of Hair, at	Birth.	6 Mos.	5 Yrs.	Maturity.
Light.....	100	75	60	45
Dark.....	—	21	36	51
Red.....	—	4	4	4

Although the above table fails to indicate it, yet golden red hair strongly tends to become dark and to greater degree than does auburn red hair.

The length of the hair at birth and its rate of growth during infancy vary so much, in different cases, that more numerous observations, than I have made, would be required to justify a statement of what are the general averages. It is certain that, for several months, the hair may not be even one inch long; and there is reason to believe that when it once begins to grow well it may grow even an inch a month.

GROWTH AS SHOWN BY WEIGHT, HEIGHT AND CHEST-GIRTH.

Growth furnishes much the best evidence of healthy progress. Weight is the most trustworthy factor, next is height, and next is chest-girth.

The statements and table to follow require some explanation. Few books have been found which contain the desired details on this subject, and not one recording the growth *monthly* throughout the first year; after the fifth year there are abundant records, but even these are often at variance. Not only do different authorities often vary materially, but their discrepancies are rendered difficult to reconcile by the fact that the figures given have been obtained from individuals differing in race, in sex, and in social and physical conditions. Differences due to so many important causes cannot be reconciled so as to secure scientific accuracy in one brief table. Hence, no more is claimed for the figures in my table than that they represent approximations to the truth, sufficiently close to serve doctors and parents as useful guides in determining what should be the growth of a healthy average child.

Since the first year is by far the most critical period of life, and since weight gives the most reliable evidence, whether a baby is thriving or not, sanitarians now teach that parents should, throughout the first year, weigh their babies and record the result *every week*, as is now habitually done in the best hospitals and asylums for infants.

During the first three days of life there is always a loss of weight which should be fully regained by the seventh day, by which date a baby ought to weigh fully as much as at birth. During the next three weeks there should be a gain of at least from two to four ounces every week. The greatest gain of weight throughout life is during the first five months, the maximum being usually attained during the second month, that is, when a baby is said to be one month (30 to 60 days) old. The increase during this maximum month should be from four to seven ounces weekly, and during the three succeeding months about

five ounces weekly. During the remaining seven months of the first year the gain should be at least two to four ounces weekly. The gain is less than indicated at times when the infant may suffer, whether from teething or other cause.

TABLE OF WEIGHT, HEIGHT AND CHEST-GIRTH, FROM
BIRTH TO THIRTY YEARS OF AGE.

N. B. The new-born baby's weight: average 7 pounds; ordinary range, 5 to 8 pounds; extremes, $3\frac{1}{2}$ to 12 pounds. The average height is $19\frac{1}{2}$ inches; the extremes 16 to 22 inches.

AGE.	Weight, (with clothing after 1 yr.)	Height, (without shoes.)	Chest-Girth, (empty.)
Birth.	7 lbs.	19.5 inches.	13.2 in.
1 Month.	$7\frac{3}{4}$	20.5	
2 "	$9\frac{1}{2}$	21	
3 "	11	22	15
4 "	$12\frac{1}{2}$	23	
5 "	14	23.5	
6 "	15	24	16
7 "	16	24.5	
8 "	17	25	
9 "	18	25.5	
10 "	19	26	
11 "	20	26.5	
1 Year.	21 to 24	27	17.2
2 "	28	32	
3 "	32	35.5	
4 "	36	38.5	
5 "	40 to 50	40 to 41	21.3
10 "	60 to 67	50 to 53	25
15 "	100 to 110	61 to 64	30
20 "	110 to 150	62 to 67.5	35
30 "	120 to 155	62 to 67.5	36

[REMARKS ON THE ABOVE TABLE.—At one year the weight (which is 19 to 21 lbs. without clothes) is given of 24 lbs., *with clothes*, and the weight at succeeding ages is also given *with clothes*, which are said to weigh about 3 lbs., at 5 years; 4 lbs., at 8 years; 8 lbs. at 15 years; and 9 lbs.. for adults.

The two sets of figures given in the columns of weight and height are intended to indicate, 1st, females and less developed males, and 2d, well developed males. The chest-girth is for males. Growth after the fifth year is sufficiently regular to render needless the specification of other ages than those given.]

Finally, the growth of the head, containing the brain on which man's superiority depends, deserves reference. While from birth to full growth the body elongates three to four times, the head only doubles its length. The greatest growth is during the first two years, and by the seventh year its growth is so nearly completed, that Dr. Hammond asserts, that the hat which fits a boy seven years old, will fit him when a man. Quetelet's table on the subject does not fully confirm this assertion.

Report of Nine Cases of Aspiration of the Chest for Pleuritic Effusion. (Third Series); Eight Pints of Purulent Fluid Withdrawn in one Case.*

BY F. PEYRE PORCHER, M. D., One of the Physicians to the City Hospital, Charleston.

We are constrained, unwillingly, to say: That this series, like the others, seems to force upon us the conviction, that numerous cases of pleuritic effusion go undetected, which only require a little art to relieve them; but which, undetected and unrelieved, lead to great suffering, and to frequent deaths.

Total number of cases so far reported, 43; with one of aspiration of a vomica in the lung, and two of the pericardial sac. Fitch's Dometrocar, on account of its greater safety, was invariably used as the aspiration needle, in operations upon the pleural cavity. Most of our cases were right pleurisies.

We introduce here, some highly interesting and practical remarks from Prof. Jaccoud on, "The Indications for Thoracentesis in Acute Pleuritis:"

* Read before the State Medical Society of South Carolina.

“The only apparent difference between them was, that No. 1 had slight fever, in No. 2 the disorder was apyretic. Then, as to the quantity of liquid there was a difference. The effusion in No. 1 was already large when he entered, and it continued to increase almost under the eyes of the attendants, filling the pleural cavity to completion, as the percussion sounds showed; while in No. 2 the liquid did not occupy more than the inferior two-thirds of the left thoracic cavity; but it was on him that Dr. Jaccoud practiced thoracentesis, while abstaining from doing so on the other patient. The only reason he gave at the time was that one was a right pleurisy and the other a left; but now he explains his actions as follows:”

“It must be always remembered that dyspnœa is not the only indication for thoracentesis. Certainly it is a very important one when it exists, and when caused by the effusion; but there are plenty of patients, like these two, who have no dyspnœa at all, and a particular interest resides in such cases as regards the opportunity of paracentesis. First of all, the side must be taken into account. In right pleurisies there is no immediate danger, as a rule, and, if the febrile process has not ceased, internal medication can be tried with a fair promise of success; but if the patient be not seen until it is too late — that is, when all the febrile disturbance is over — then nothing can be hoped for from medicine, and aspiration becomes obligatory at once. In left-side cases of effusion without dyspnœa, the principal point is to notice the quantity of the liquid and the displacement of the heart and other organs: the functional symptoms are not of so much account. If the patient has arrived at the apyretic stage, and there is no displacement of the heart or liver, then wait; and this is why the therapeutics differed in the two cases. In No. 2 the indication was to operate at once. The effusion occupied two-thirds of the cavity, but the heart was displaced to the right at least two fingers’ width from the right sternal side.”

“However, notwithstanding these practical rules, if you have a doubt about this matter, always practice thoracente-

sis in any given case; because, when properly performed, it is always an innocent operation. But do not forget the precautions that Prof. Dieulafoy often speaks about; which are, *never to empty the pleural cavity entirely*, nor allow the liquid to flow out too quickly. Give time for the lung to expand, and stop if the cough becomes too fatiguing; because it may be caused by the influence of the air compressing the lung. This is the indication to stop the discharge of fluid; but, as a rule, the quantity should not be over twelve to thirteen hundred grams (over a quart). The classic precept given is to make the puncture in the axillary region; but this must vary with the patient, and it should be practiced in the region where there is the greatest effusion. The second patient, who was not aspirated, was submitted to the tartar-emetic treatment with drastic purgatives, and from the administration of thirty grams of the *eau de vie allemande* (a tincture of jalap and scammony) and thirty grams of syrup of buckthorn (*Rhamnus catharticus*) he rapidly improved."

CASE I.

Reported by Dr. A. M. ASHLEY, House Physician.

Wm. Hemming, white, æt. 53, was admitted Sept. 13, 1885; had been in hospital six months previously and treated for abdominal dropsy. He was tapped three different times, and the following quantities removed: 53, 78 and 104 ozs. After the last he became much better and was discharged.

Upon re-admission, Sept. 13, the patient was in a very unfavorable condition; he was much swollen, specially about the chest and abdomen, suffered much from dyspnoea, and was unable to rest in a reclining position.

Sept. 19th, examined by Dr. Porcher, who detected the presence of fluid, which was determined by the introduction of a long hypodermic needle. Upon using the aspirator, 40 ozs. of fluid was taken from the right, and 53 from the left thoracic cavity. The result was all that could be desired, patient was able to rest quietly in bed, and he experienced such relief as he had not had before for

months. Oct. 19th, one month from date of operation, he was still doing remarkably well, and in every way better than he had been before the operation.

CASE II.

Dr. ASHLEY, Reporter.

Jas. Shaw, white, æt. 68, admitted Sept. 29th, was sound and well until twelve months since, when he became addicted to alcohol, caught a severe cold followed by pleurisy of the left chest. Ever since he has been troubled with "fluttering of the heart." When admitted he was very much reduced and suffered greatly from dyspnœa. Dr. Porcher examined chest and discovered the presence of fluid in the left cavity. He accordingly aspirated it, but removed only 16 ozs. This gave some relief. Upon a subsequent examination, a part of his trouble was ascribed to pericardial effusion; but upon a proposition made to aspirate the pericardium, his friends asked to be allowed to take him home, which being assented to, the patient was lost sight of.

CASE III.

Reported by Dr. H. G. ELEAZER, House Physician.

Wm. Poinsette, white, æt. 25, admitted June 23d, 1885; had been in excellent health until February last, when he was sick in bed for a month, with pain in his left side and fever—probably an attack of pleuro-pneumonia. Since his sickness "he has not had a well day." On admission, the inferior extremities were œdematous, and there was extreme anæmia. Great dulness and absence of respiration were found over the left lung, whilst the right was normal; there was dyspnœa and cough, and but little expectoration, with great prostration. The pulse was weak and thready, and the temperature ranged from 100 to 104°-6.

July 1st. Dr. Porcher having taken charge of the ward, upon examination found dulness and absence of respiration throughout the left lung,—anteriorly and posteriorly; suspecting the presence of fluid, the hypodermic needle was used, and afterwards the aspirator, by which 50 ozs. of

a straw colored fluid was withdrawn; after which the patient was easier and felt better in every way — his difficulty of breathing being also relieved. Iodide of potash was ordered, with good nourishment. Notwithstanding this relief, the man survived but a few months.

CASE IV.

Reported by Dr. J. M. CALDWELL.

T. Tracey, white, æt. 24, admitted May 16, 1885, had been treated for typhoid fever. Upon examination by Dr. Porcher, July 1st, he was found to be suffering from severe cough, dyspnœa, and intense pain in the left thorax. His general expression of face was hectic; he had been greatly reduced in flesh; had a very poor appetite, and could not sleep at night on account of cough and dyspnœa; his breath was fetid to such a degree, that his presence in the ward could scarcely be tolerated, the sputa being profuse, and of a purulent, offensive character.

Upon auscultation, no respiratory murmur could be detected in any part of the lung on the left side, being also absolutely dull and flat on percussion. Palpation showed decidedly less expansion of the left side than of the right, and the vocal fremitus was absent on the left.

On July 5, a long hypodermatic needle was inserted, and a syringe of fluid, of about the consistence of cream and offensive in character, was drawn. The diagnosis being now indisputable, the chest was aspirated, and, in one and a half hours seven pints of sero-purulent matter was removed, which was exhibited to members of the State Board of Health. Patient ordered to take Fellow's syrup of the hypophosphites, cod-liver oil, etc. Patient spent a comfortable night, and is better than since he entered the hospital, and all the physical signs of the chest are nearly normal.

July 20. All the swelling which had hitherto affected his feet has disappeared. He now states that he had never been sick previous to May 16.

July 25. Patient reports that he feels better, but respiration over the left lung is again beginning to be heard with

difficulty, and dulness has increased. He raises a large amount of purulent matter, which is very offensive.

July 30. General condition much worse; all signs of fluid in chest have returned, and he again suffers from dyspnœa, anorexia, etc.; breath and sputa so offensive that he is removed to a private room.

A trocar was plunged into the seventh interspace, and about 4 oz. of fluid was withdrawn, of a similar character to that first obtained. Patient commenced to sink August 10th, and died of exhaustion and empyema August 16th.

CASE V.

Reported by Wm. B. RYAN, M., D., House Physician.

A. Johannerson, Swede, æt. 28; avocation a baker, was admitted June 12th, 1886, with diagnosis of pleuretic effusion from chronic inflammation of the pleura. Patient weak and exhausted, history obscure, cough troublesome, respiration quick, pulse quick and thready, anorexia and sleeplessness. Iodine externally applied and cotton batting over chest were productive of no effect.


Dr. Porcher taking charge of Hospital, June 14th, made an exploratory puncture on line of scapula, between 8th and 9th ribs, and one quart of fluid of a dingy, straw color, was withdrawn by the aspirator. The temperature was never higher than 102°.8, F.

Two similar operations were subsequently performed. These afforded so much relief, that it was repeated the fourth time at his own request. Various diuretic cough mixtures were given ineffectually. The patient [died August 20th.

At the autopsy the pleura was found adherent to the chest walls — the whole lung being tuberculous and filled with cavities, — with a considerable amount of fluid which had re-accumulated on the right side.

CASE VI.

Reported by Dr. G. B. HANNAHAN, Jr., House Physician.

Wm. Jenkins, æt. 28, admitted June 20, 1886.  Diagnosis had been pneumonia of both lungs. He was exam-

ined by Dr. Porcher, and dulness was found over lower part of right lung, extending up to about the fourth rib. Hydrothorax was suspected, which was confirmed by the hypodermic needle passed into the pleural cavity. The fluid presented a purulent character. He was aspirated the day following, the needle being passed just behind the axillary line, in the eighth intercostal space.

A pint and a half of fluid resembling pus was withdrawn. The operation was followed by some fever, but otherwise the patient did well and was discharged about three weeks after.

CASE VII.

Reported by Dr. B. A. PYAT, House Physician.

Kinsler, colored laborer, æt. 34, admitted July 7, 1886, with a diagnosis of malarial cachexia, for which he was treated until about the 1st of August, when his fever assumed a hectic character. Dr. Porcher examined him and diagnosed hydrothorax of the left side. Paracentesis was performed and nearly three pints of a light straw colored fluid were drawn off; the needle being inserted an inch below the scapula. The patient, who had been so weak and exhausted that he could scarcely sit on a chair to allow of the operation, immediately improved, and this continued until about the middle of August, when his fever returned. The operation being repeated, nearly a quart of fluid was removed. At the end of a week Kinsler was able to go about, and by Sept. 1 was allowed to return home. He went up to the Rockfields and worked under great exposure till March, when he was re-admitted for phthisis, and died in two weeks. At the autopsy large cavities were found in his lungs.

CASE VIII.

A. B., City Hospital, colored, æt. 49, admitted October 1st, 1886. In this case the patient being very weak and feeble, pleuritic effusion was diagnosed; and the usual process of testing for the presence of fluid with the hypodermic needle, employed as a suction instrument, being

followed by the aspirator, a pint and a half of fluid was obtained. This was highly tinged with blood. Result, favorable; patient having improved in every respect, and subsequently discharged.

CASE IX.

Colored female, æt. 40, January, 1885. Complete dulness and absence of respiration up to the clavicles on the right side, the result of an earlier pleurisy, of which, like many others, she had been unconscious; no fever, or other irritation. This case was seen with my son, who drew off with the aspirator, nearly two quarts of light-colored fluid. She rapidly recovered, and has been entirely well for two years past.

This woman was the mother of twelve children; she had an infant three month previously; was found sitting up in bed, gasping for breath, weak and debilitated; having almost been reconciled to death under the belief that she was beyond the reach of treatment; her infant had been sent away, as she was supposed to be totally incapable of caring for it. Then it was, that the fortunate diagnosis was made. No better illustration could be given of how, by art, a patient is rescued from certain death,

CASE X.

Colored female, M. Davis, seen March 12th, 1887, with dropsy of the extremities, valvular disease of the heart, albuminuria, dyspnœa and great distress. After the application of emplastrum cantharidis over the seat of dulness, and the internal use of iodide of potash, tincture of digitalis and iron, with muriate of ammonia and spirits of juniper, which failed to reduce the pleuritic effusion; with the aid of my son, I drew off, April 3d, one quart of light colored, sero-albuminous fluid. The needle was inserted two inches in front of the axillary line. This has been followed by great relief, a diminution of swelling in the lower extremities and lessened pressure upon the heart. This relief was only temporary, for on account of the de-

lay in treatment and the number of important organs organically diseased, she died April 21st.

CASE XI.

Effusion in chest removed by medical treatment.

T. Scott, 1886, pleuritis, marked by great dullness on percussion, absence of respiration and other physical signs. He was completely cured by the use of the emplastrum cantharidis and the following prescription:

R	Iodide of potash.....	
	Muriate of ammonia....	aa 3j.
	Tincture squills and tinct. juniper.....	aa 3iv.
	Water.....	3iv.

S. Two drachms four times a day. A belladonna plaster was afterwards applied.

Some Personal Reminiscences of Early Epidemics in New Orleans.*

By J. P. DAVIDSON, M. D., New Orleans.

A prominent divine of this city was wont to say: "I like the people of New Orleans; they are not afraid of epidemics, and when they die, do not whine about it."

Such a sentiment might well have been indulged during the frequent visitations of yellow fever many years ago, when the author of it resided in New Orleans. It illustrates the apathetic feeling, naturally begotten of long suffering and stolid endurance of an accustomed, and what seemed then, an unavoidable public calamity.

Doubtless an analogous frame of mind characterizes the natives of the cities of Havana and of Vera Cruz, the permanent habitat of yellow fever.

Yielding to the solicitation of an esteemed confrere—that I should furnish him some personal recollections of the earlier visitations of yellow fever in New Orleans, I consented to do so, notwithstanding the short time allowed me for their preparation, amidst the busy pursuits of a profes-

* Read before the Louisiana State Medical Society.

sional life. Having to rely exclusively upon memory, unaided by any references to contemporary annals, which unfortunately, are very limited, these *memorabilia* must therefore be unavoidably of a desultory character, and have no pretension to a treatise on the disease and its treatment, being merely jottings down of the incidents transpiring under my observation, during the prevalence of yellow fever in those early days.

Entering the United States Marine Hospital in 1828, as a resident student of medicine, I witnessed the epidemic of that year, and the treatment of the disease pursued in the institution.

The hospital was situated at the corner of Circus street (now South Rampart) and Poydras street (at that time Poydras canal)—a portion of the original edifice still remains. It was in charge of Dr. James S. McFarlane as surgeon, and Dr. John Rice his associate.

A private infirmary was connected with the hospital. The inmates consisted of mariners, and a few private patients, almost all of whom were colored persons.

The fever of 1828 was of rather an inflammatory form, ushered in with chill, soon followed by intense fever, cephalalgia, and violent pains in the loins and limbs. Many of the cases were brought to the hospital from shipboard, at the close of the first day, delirious, or in the second stage, when black vomit or hemorrhages had begun.

The treatment of yellow fever in the hospital that year, furnished one of the varying phases of the practice of medicine in combating that disease.

It was begun by the administration of a dose of castor oil into which 20 grains of calomel were admixed. The patient was kept carefully covered up with one or more blankets, and an emulsion containing 5 grains of carbonate of ammonia to the tablespoonful, was given every two hours, until free diaphoresis took place, and then less frequently. Warm beverages with nitre were given to assist in promoting the action on the skin and kidneys. Cold applications were made to the head, and wet cups to the back of the

neck, when cephalalgia was severe. Cups were applied to the epigastrium to check nausea and vomiting. The bowels were kept open by saline cathartics and enemata. Hemorrhages from the nose, stomach and bowels and any blistered surfaces, were often profuse. In some cases, black vomit manifested itself very early and preceded the hemorrhages, and was nearly always a concomitant symptom. Recoveries from black vomit were not frequent. In fatal cases, death took place with coma or convulsion from uræmia.

For the suppression of the hemorrhages, reliance was placed on creasote, the tincture of the chloride of iron, kino, powdered charcoal and the acetate of lead.

The mortality under the ammonia treatment I do not think exceeded that observed by me in subsequent epidemics, under other therapeutical measures, though I am sure that its exhibition, in the early febrile excitement, often occasioned gastric irritability, nausea and vomiting. No abstraction of blood generally was practiced, but resort was very commonly had to topical bleeding, by cups, to relieve pain in the head and tendency to congestion of the brain, and to the epigastrium to subdue vomiting; nor were drastic cathartics or calomel given, beyond the one dose administered at the beginning of the attack.

Convalescents were often sufferers from anthrax, in different parts of the body, and sloughing buboes in the groin. These sequelæ of the fever necessarily entailed a protracted convalescence, and indicated as well its malignant type, and the tendency to profound disorganization of both solids and fluids.

Before relating the history of yellow fever in subsequent years, as observed by me, some general remarks may not be out of place, on the treatment of yellow fever as practiced at this early period of its prevalence in New Orleans.

At the period of which I write, in the treatment of yellow fever the different therapeutical plans ranged themselves pretty much into two opposing systems, based upon the more important symptoms assumed by the disease in its

different visitations; the same therapeutical measures not being adapted to the pathological views of the one party and the other, as indeed they could not be adapted alike to the inflammatory and to the asthenic and congestive types of the fever.

These two plans of treatment were represented, first, by those who advocated recourse to decided antiphlogistic measures, blood letting, both general and topical, together with mercurial and other evacuants, graduating these to the extent of the violence of the febrile reaction, the tension of the circulation, heat of skin and the degree of local inflammation and congestions.

This antiphlogistic and evacuant treatment was founded, there can be no doubt, upon the practice pursued in the management of other fevers of a kindred nature, the bilious and malarial fevers peculiar to the climate.

Secondly, those who trusted to milder means, following an expectant plan of treatment, rejecting the idea of checking the course of the disease by active interference on the part of the physician, leaving to nature the chief management in the elimination of the *materies morbi*; avoiding the use of agents calculated to depress too much the powers of life, giving only mild aperients to unload the bowels; counteracting local determinations by external stimulation; counter irritation, rubefacients, hot baths, sinapisms and vesicatories, a mode of treatment calculated to husband the strength of the patient, until the *vis medicatrix naturæ* expelled the poison.

From a very early period in this city, in the mild forms of yellow fever its treatment was commonly entrusted to the management of old creole nurses, who were almost exclusively colored women. They doubtless derived their therapeutical ideas from the French West Indies.

It consisted in the first stage of a hot mustard foot bath, a mild laxative of magnesia, castor oil, or a weak infusion of senna and cassia fistula. The patient was kept lightly covered and warm tisans were given with a little nitre added, until free perspiration was established. While the fever

was high, the skin hot and dry, the whole surface of the body was frequently sponged with either warm or cold water, acidulated with the juice of lemons, sour oranges or vinegar. This was practiced under the covering. Now and then fomentations or cataplasms were applied to the abdomen, and epithems of camphor, whisky or rum, were applied to the back or loins, to relieve the severe pains so usual in that region.

To allay the thirst, weak lemonade, orangeade, tamarind water and flax seed or gum water, were given as beverages. Afterwards, as defervescence took place, chicken broth, beef tea and milk were allowed, and later wine, weak toddies and cinchona freely administered to support the strength.

The services of an experienced and careful nurse, in this ephemeral variety of the disease, which tended to convalescence, and in which no active medication is necessary, were regarded in those days as far more important than the polypharmacy so frequently resorted to by the less experienced.

It not unfrequently happened, however, that cases which were mild in appearance in the beginning of the disease, became rapidly severe and malignant, calling for the prompt attention of the skillful physician. I remember instances of the kind that proved fatal.

In the spring of 1829 I entered the Charity Hospital as an interne; Dr. David C. Ker was the attending physician, and Dr. Charles A. Luzenburg the house surgeon.

The epidemic of the year was of a sthenic and inflammatory type, not as the name would convey because of the existence of inflammation, but from the great intensity of the fever at the beginning and progression of the febrile stage or paroxysm. Delirium of an active kind was one of the early symptoms, following very soon the lighting up of fever, after the initiatory chill. I recollect that a patient in the height of delirium threw himself from the rear gallery of the hospital and was killed by the fall.

Blood letting was largely employed and remarkably well

borne as a general rule. It was not uncommon for the fever to be ushered in with a convulsion, and I remember the instance of a robust flatboatman being brought into a fever ward comatose, after a hard convulsion, with a bronzed face, congested eyes and intense fever, whose temporal artery on either side was opened by the house surgeon, and the spurting vessels allowed to bleed until consciousness returned. He was cupped subsequently by me on the back of the neck and also on the epigastrium. The prescription in the order book "*venesection ad deliquiem*," was quite a common one in those cases brought to the hospital in the first stage of the fever, and cups or leeches followed whenever reaction ran high after the venesection.

From the example and teaching it may have been, of the eminent Dr. Benjamin Rush, of Philadelphia, who prescribed mercury in the epidemics which appeared in that city in 1793, 1819 and 1820, his usual dose of 20 grains of calomel and 20 grains of jalap going by name of "Rush's powder," together with the sanction of their experience of its beneficial effects in the autumnal fevers of the south, the administration of calomel in yellow fever was, according to their pathological views, not only proper, but absolutely essential; for it was regarded at that time by most physicians in the treatment of bilious remittent fevers, and by parity of reasoning in yellow fever, as the most powerful antiphlogistic remedy in their possession, and when the disease was violent or assumed a dangerous aspect in its progress, it was thought to be proper to administer it with a view to its constitutional effects.

Dr. Ker was a strenuous advocate of calomel in large doses, and I can bear testimony to the skillful use of it in his hands, for ptyalism rarely occurred. It was his custom to inspect the alvine dejections, and certain indications of biliary secretion made him withhold its further administration before any constitutional effects were set up. He enjoyed the reputation of being a singularly successful physician in the treatment of yellow fever.

It was customary to follow the first dose of calomel by

the sulphate of magnesia, or the "black draught" of the hospital (comp. inf. of senna) and afterwards to continue the mercurial in smaller and frequent doses until the violence of the febrile stage was subdued. Applications of ice to the head, sponging the body, and in violent cases affusion, were practiced with good effect in reducing temperature and contributing to the comfort of the patient. I have in my mind's eye the identical flatboatman, who had been bled so freely from the temporal arteries, lying with bared chest rubbing it with a large piece of ice.

As illustration of the heroic treatment of yellow fever practiced during the early epidemics of that disease. I quote an extract from a letter from Dr. A. P. Merrill, "an old and celebrated physician," who practiced during the prevalence of yellow fever at the Bay of St. Louis, Mississippi, in 1820, taken from a paper published in Newport, Rhode Island, September 13th, 1867.

"The disease has never been treated anywhere with such success as I treated it in 1820, at the Bay of St. Louis, Mississippi, where the epidemic was general, and with not one recovery, except under my treatment. Many died in twenty-four or thirty-six hours. It was then and there that I cured the late Mrs. Mercer; but my greatest success was among the soldiers, everyone of whom had the disease, all Northern men.

"When the disease first appeared, about a dozen soldiers died in quick succession and all with black vomit. Afterwards under the energetic management of Zachary Taylor, commanding, every case was sent to my hospital as soon as any signs of the disease appeared, and out of 700 only seven died.

"The treatment was simple and uniform. Every patient was bled to faintness and then purged violently, either with castor oil or a purgative pill, sometimes with 20 grains of calomel. The bowels were then kept carefully open. The food was corn-meal gruel, and invariably every exacerbation of fever was met by a cold shower bath of sea water, continued as long as the patient could bear it, the patient

being immediately placed between blankets and briskly rubbed, with a free allowance of hot tisans.

“ In 1822 the experiment was repeated at Pensacola where the yellow fever prevailed with greater violence than it has ever done elsewhere in America. Nearly every citizen died, for the treatment enforced upon soldiers could not be applied in the midst of a frightful panic in private practice; but a large majority of the soldiers recovered. The only class exempted in all West Florida was the class of grave diggers, who lived in the cemetery and drank whiskey freely. My experience at Natchez and Memphis confirmed all my previous views.”

In the year 1829, an expedition was fitted out by the government of Spain, at Havana, to recover the colony of Mexico, under Gen. Barradas. President Gueraza of Mexico banished from the country all partisans of the Spanish cause. The exiles embarked at Vera Cruz and Tampico in the month of July, and the most of them found refuge in New Orleans. The most of them presumably were inhabitants of the interior of Mexico and unacclimated. Yellow fever was epidemic in both shipping ports. Arriving in this city they roamed the streets homeless and destitute, sickening and dying in the streets with the dreaded *vomito*, swelling the mortality if they did not indeed intensify the prevailing fever.

The treatment of the fever in the Charity Hospital partook in the main of the plan chiefly relied upon as best to meet the requirements for subduing the inflammatory form which the fever presented, which has been described at sufficient length previously.

The epidemic of 1830 was of a malignant and fatal type, assuming the asthenic or adynamic character, which ran its course rapidly to a fatal termination, though these features were not fully pronounced at the outset of the epidemic.

The house surgeon of the Charity Hospital inclined to the pathological and therapeutical views of Broussais, who taught that all fevers had their primary seat in the stomach, due to inflammation of the gastro-intestinal mucous mem-

brane. The treatment based upon this pathological hypothesis, called for bleeding, leeching the epigastrium, abstention from active evacuants, and quieting gastric hyperæmia and irritability by draughts of cold gum water and other calming diluents. This system he carried out in the wards of the hospital assigned to him at his request by Dr. Ker, to test the superior advantages of that system over others commonly put in practice in the treatment of the fever. I was selected by him to act as his assistant and placed in charge of the wards.

I retain a perfect recollection of the reluctance of Dr. Ker to sanction the experiment, and also of his announcement in discouraging it, that the type of the fever was unlike the sthenic and inflammatory one of the preceding year, and would not bear the sanguine evacuants which that epidemic had borne so well. His opinion was fully borne out by the results, for the mortality in the wards set apart for the trial of the therapeutic doctrines of Broussais proved so great, that Dr. Luzenburg after a few days experience abandoned the experiment. As remarked before, the disease was asthenic, the blood changes began early; black vomit taking place as soon as the second and third days; and hemorrhages occurring from the gums, nose, eyelids and bowels were profuse, and petechiæ dotted the whole surface of the body, from which exudations of blood took place.

The hemorrhagic cases were so numerous, and had so depressing an effect upon the newly admitted patients into the wards, for no more revolting sight could well be imagined than the one they presented, with bedding, garments and mosquito-bars smeared with blood, that they were removed into a long, distant room, where they received appropriate care. Many of these unfortunates deemed to be beyond hope, emerged convalescent, desperate as seemed their cases when consigned to it.

The remedies chiefly relied on to arrest the black vomit were Labarraque's chloride of sodium, creasote, powdered charcoal, champagne wine and weak mint juleps. For the hemorrhages the tincture of iron, kino, catechu, charcoal

and sugar of lead, while to uphold the flagging energies of the system, alcoholic stimulants, wine and porter were administered freely with appropriate nutrients. The tendency to disorganization of fluids and solids was such, that very many patients underwent sloughing of the scrotum, buboes and carbuncles, which were met with so frequently in the epidemics of those days.

In 1832, the memorable year of the first visitation of cholera to the United States, yellow fever was again epidemic, but did not present the intensity or malignancy of that of 1830.

The cholera first made its appearance on this continent at the city of Quebec, Canada, early in the month of October, and reached New Orleans in that month. The first cases were discovered on the levee, two persons dying who were said to have been brought to the city by a vessel arriving from a northern port. The two diseases prevailed concurrently, notwithstanding the generally received opinion that two epidemics cannot exist simultaneously. Persons ill with yellow fever were attacked with the cholera during its progress, and I believe invariably succumbed to the combined diseases. The career of the fever, however, was cut short by the more rapidly diffused and fatal Asiatic invader.

Prior to the year 1841, quinine was only given in moderate doses, and I think under the belief that malarial toxæmia complicated the attacks. Administered in that way in the early part of the febrile stage, it often acted beneficially, the febrile action speedily terminating, and the patient entering convalescence. At all events, I cannot recall any evil effects resulting from its exhibition. I do not think that its advocates can claim for it any specific control over yellow fever, but in small doses, when the stomach is not disturbed by it, it doubtless acts as a tonic. In 1841, it was given in large doses, from 20 to 25 grains, either alone, or in combination with opium, or a decided mercurial dose, as an abortive remedy; but though the primary febrile action may have apparently been cut short, the disease ran its course unchecked to a fatal termination.

In the epidemic of 1847, which was comparatively mild, quinine was very generally prescribed with more or less satisfactory results, due I think more to the characteristic mildness of the fever, than to any specific influence of the remedy on the disease.

The epidemic of 1853, which is regarded as one of the severest that ever scourged New Orleans, began in the month of May and soon assumed the proportions of an epidemic; diffusing itself throughout Louisiana and adjoining States. It was supposed to have been imported from Havana. The recent testimony of Dr. M. Schuppert, of this city, establishes that fact satisfactorily to my mind.

The advocates of abortive doses of quinine, so generally adopted in 1847, renewed its use in this epidemic, giving 20 or 30 grains at a dose, either alone or combined with 20 grains of calomel, repeating the same at intervals of four or six hours to four doses, abandoning it if the pyrexia was not cut short. The intensity of the fever was such as to require the interposition of the remedy in large doses if its antipyretic effect could abort it. The treatment resulted unsatisfactorily everywhere during this epidemic, proving not only its inutility in the reduction of temperature, abridging the duration of the fever, or mitigating the severity of the symptoms, but manifestly increasing the irritability of the stomach, and disturbing to a great degree the nervous system, increasing headache and occasioning delirium.

It is a remarkable fact, that from a very early time in the history of yellow fever in New Orleans, to which old residents can testify, and which was recently referred to by my old friend Duncan F. Kenner of this city, unacclimated persons were in the habit of seeking refuge from the fever a few miles out of the city, visiting it after sunrise to transact their business, and leaving it for their retreats before sunset, and thus escaping an attack of the fever.

In 1853, however, the disease was not only communicated to towns along the river, but by other channels to residents on plantations, and to isolated families in the country.

The African race it was well known enjoyed a remark-

able immunity from yellow fever, comparatively few ever receiving it, and with rare exceptions the attacks being so mild as to require but little care. Plantation negroes sold on the auction stand prior to 1853, were never interrogated by purchasers as to their acclimation; the risk of their taking it being wholly disregarded, when possible pecuniary loss would be sure to quicken the calculation of profit and loss. In the years 1855 and 1858, however, in the parish of Rapides, where I then resided, the fever invaded a number of plantations, attacking indiscriminately whites and blacks with equal violence. So many of the field hands fell ill of the disease, that sugar houses were converted into hospitals for their accommodation and treatment. On some of the larger places, I saw as many as sixty or seventy-five occupying the hospital at a time in all stages of the fever, many dying with black vomit, hemorrhages and suppression of urine. I recall the case of a one-armed stock minder at Willow Glen plantation, whom I met just passing out of the quarter gate on horseback on his way to the stock range. Observing a discoloration of the conjunctiva, I sent him to the sick house, and on investigation, I found him laboring under suppression of urine, without, however, either black vomit or hemorrhage. He died that night with uræmic convulsions. The fever was not communicated as a general rule from plantation to plantation, but skipped some and appeared at more distant ones, though it prevailed on some contiguous places. Many escaped the disease altogether.

Contrasting the characteristics of the epidemics of yellow fever in the years 1828, 1829, 1830, 1837 and 1839, with those of 1841, 1847, 1853, 1858, 1859 and of subsequent years, I noted the comparative absence in the latter of the universal hemorrhagic tendency which occurred in the former, with much fewer cases enough so indeed to be rare. of the profound disorganization of the blood and tissues, evidenced by the sloughing of the scrotum, deep ulceration of buboes, and numerous carbuncles, all pointing out the more malignant type of the disease. In the conflict of opinion between the different plans of treatment pursued

in the epidemics described above, one can but reflect upon the great uncertainty in relation to the influence of remedial agents in this disease. A self-limited fever, having a short course to run, the treatment must necessarily be mainly symptomatic. Many cases are so mild that they get well spontaneously under judicious management. In others, however, treatment can avail but little, the patient receiving a death blow from the outset of the attack, the evidences of the fatality wrought in the first twenty-four hours manifesting themselves in the second or third day in blood changes and organic lesions. Hence in malignant cases a large proportion are necessarily fatal, and the result cannot be ascribed to injudicious treatment. But there are always many cases varying in intensity between the mild requiring but slight aid from medicine, and those which assume at the very beginning an unquestionably malignant aspect, where the judicious physician may interpose appropriate measures in time to arrest the train of morbid actions, and conduct the cases to a favorable termination.

HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

CASE OF PERI-UTERINE HÆMATOCELE.

Occurring in the practice of Dr. JNO. G. SKELTON, Richmond, Va.

Reported by Dr. WM. S. GORDON, Richmond, Va.

The following report is made, not from any marked deviation from the usual course of the disease, but on account of the comparatively small number of cases which come under the observation of general practitioners. It is asserted by those who have written upon the subject that the majority of the patients will recover, if properly treated; while the weight of authority is against active interference, unless symptoms arise which can be combatted only by a vaginal or abdominal incision, and a

thorough use of antiseptics. It was my privilege to see this case, and to watch its favorable progress under the judicious measures adopted.

The patient, a negro girl, æt. 18, began to menstruate at sixteen years of age, and had always enjoyed excellent health. The recurrence of the catamenia had been regular, although some dysmenorrhœa was usually present during the first two days of the period.

On Saturday, Feb. 26th, while returning home from a long walk, she suddenly felt in the abdomen a 'giving way' or 'falling,' which was attended with faintness, weakness, nervousness, and slight nausea. Pain and inability to move freely were noticeable. The bowels were confined and there was some dysuria. The catamenia were expected in a week from this time.

The inconvenience continued until Monday when, imprudently, the girl went to a drug store to get medicine. As she was returning she experienced a sudden increase of pressure, with distension and uneasiness; and on reaching home discovered for the first time a marked fullness in the abdomen. She went to bed again and took the oil, which acted well. As the pain — which was especially marked at night — increased, and extended down the right leg, hop fomentations were applied by her mother to the abdomen, and nitre was given to relieve the vesical irritation. The warm applications were not beneficial. The appetite was fair, and no fever was recognized.

She continued to suffer during the week, and took oil again on Friday night. About this time the menses appeared.

Finding no relief, the patient sent for Dr. Skelton, who found her on March 6th in the following condition: Temperature normal; pulse 80°; appetite and digestion good; no nausea, thirst, or marked debility; bowels natural; micturition frequent, the urine being passed in small quantities at intervals of an hour or less, but being normal in character; a sense of tension and fullness in the right lumbar and iliac regions. The tumor, which was extra-

peritoneal, extended from the pubes to a point about one inch below the level of the umbilicus, and from the right ilium to a point about an inch beyond the median line. The effusion of blood amounted probably to ten ounces. The swelling, which was soft at first, was tense, smooth, and sensitive to the touch when examined by her attendant. There was also sensitiveness in the left ovarian region.

Absolute rest in bed was enjoined, with simple, nutritious diet in small quantities, nitre, and one-fourth of a grain of morphia to procure ease and sleep. No external applications were used.

Monday, March 8th. Temperature 100° . Patient slept well the night before. Appetite good.

Tuesday, March 9th. Condition good. Took morphine the same night.

Wednesday, March 10th. Temperature seemed to be normal. Dysuria continues. Quantity of urine normal. Some tenesmus noted. Patient rests better on her back with the legs drawn up, or on her right side.

Friday, March 12th. Catamenia stopped. No leucorrhœa. General condition good. Vaginal examination did not reveal much swelling. Fundus of the womb pressed to the left, and the os to the right.

Sunday March 13th. No fever. Pulse good. Appetite good. Bowels moving easily without drugs. Micturition easier. Tumor slightly diminished.

Tuesday, March 15th. Pulse and temperature 100° . Tumor still diminishing. Micturition almost natural. Pain in the leg absent.

Thursday March 17th. Patient felt a decided diminution of the swelling and got out of bed in spite of directions to the contrary; no bad effects followed.

From this time she improved steadily, and engaged in her daily duties. The catamenia occurred at the proper time and gave her no trouble. On April 6th, Dr. Skelton saw the patient and reported her condition good. She referred to a sense of emptiness, as she expressed it, on the right side. It was impracticable at the time to make a

close examination, owing to the surrounding circumstances, but no tumor was noticeable through the clothing.

It will be seen how simple the treatment was in this case. Nitre was given merely to dilute the urine and mitigate the dysuria, and morphia was necessary to relieve the pain. At this time, April 7th, the patient complains of no inconvenience, although she may yet have a return of the trouble, dependent upon some unknown disorder of the sexual organs. The impoverished circumstances of the girl, and the limited hygienic facilities obtainable have to be considered with reference to the management of the case.

TYPHLITIS.*

Reported by DR. J. T. HAMBLET, Abbeville, La.

Having read the able and very interesting report on "Psoas Abscess" by Dr. Rudolph Matas of New Orleans, at the last annual meeting of the Louisiana State Medical Society, I have concluded to write up a similar case which came under my observation during the past year.

E. M., female, 7 years old, light hair, fair complexion, sprightly and intelligent, of previous good health, was first seen by my esteemed friend and confrère, Dr. W. D. White, of Abbeville, September 14, 1886.

Complained of pain in right knee and hip extending over into right iliac; leg semi-flexed. (See Dr. Matas' report, Transactions State Med. Society, page 96.) Slight fever, bowels moderately active. Appetite poor and depraved. Anæmic.

Diagnosis, Typhlitis.

Advised the following treatment: "Peptonized Cod Liver Oil and milk" with generous diet, and anodynes to relieve pain, which treatment was kept up with the effect of preserving the strength of the patient admirably until October 7, when I was requested by Dr. White to see the child — he having by this time decided to perform Laparotomy.

October 7. Patient presents the following condition:

* Read before the Louisiana State Medical Society.

Emaciated and anæmic; some fever, right leg completely flexed with knee up against umbilicus and so firmly fixed as to render exploration of iliac region impossible. Pain excruciating, extending from iliac over to lumbar region, with some swelling in latter region. Considerable tenderness. Slight tympanitis.

Now here was a case wherein the report of the distinguished gentleman above mentioned (Dr. Matas) proved invaluable, not only in the diagnosis, prognosis, and treatment, but in the use of the knife, which from present indications was the course now to be pursued: not, however, until we had positive proof of the existence of pus, which could only be established by exploration.

One obstacle presented itself in the way of surgical treatment, anæsthetics seemed contra-indicated owing to an abnormal heart murmur; hence the difficulty of introducing the aspirating needle, which had to be done while the child was held by main force; the first introduction of the needle was made just above crest of ilium. No pus found. This did not discourage us, however, for we felt sure it was there: we left our little charge with instructions to push nourishment, promising to return next day.

October 8. We find patient about as yesterday. A second exploration a little back of first was more successful, as about half teaspoonful of serous looking pus was drawn off.

A third introduction of aspirator still further toward vertebra pointing backward and downward proved our diagnosis correct, as about $\frac{1}{2}$ oz. of pus was drawn away. Not having everything in readiness for an operation, it was postponed until our next visit.

October 11. Dr. White having taken quite ill this morning, we had to further postpone the operation.

October 12. Sickness in my own family prevents my seeing our patient to-day. Dr. White being still confined to his bed, Dr. Robt. Young of Abbeville was requested to see the child, which he very graciously did, bringing back the cheerful report that the patient was doing well.

October 14. Dr. White again takes charge of the case, finds the swelling subsiding, less tenderness, patient resting well and in good spirits; from this time forward there is gradual improvement, and in one month perfect recovery.

Now here was a case where the knife seemed indispensable, but from force of circumstances over which we had no control was not used, and better still, the patient recovers without it.

The question presents itself in this case — what brought about this happy termination of the disease — was it a cure by absorption superinduced by the frequent introduction of aspirating needle?

Before closing this article, I will state what was the probable cause of the abscess, as suggested by the mother of the child. This little girl was the eldest of several children and was required to perform the duties of nurse, and being of an industrious nature, she would use her right foot in rocking the cradle, while her hands were busy at something else. This was kept up continually for weeks, using the same foot always.

GUNSHOT WOUND OF THE ARM; WITH SOME PRACTICAL
THOUGHTS IN RELATION TO THE TREATMENT
OF WOUNDS.*

BY DR. R. H. DAY, of Baton Rouge, La.

On the 17th day of February, 1887, about three o'clock P. M., I was summoned to visit Henry Rhodes, a bright griffe, aged 16 years and 6 months. About one hour previous to my visit, he had been shot in the right arm, at short range, under the following circumstances:

With some boys he had been out hunting, and on his return homeward, had with them, before reaching home, prostrated himself upon the ground to rest. Noticing a comrade's gun that had been placed near him, he thoughtlessly attempted to kick it away. In doing so, the hammer in some way caught in the ground, and falling upon the nipple exploded the cap and fired the gun, the whole load

* Read before the Louisiana State Medical Society.

entering his right arm. So near was the muzzle to his arm, that the shot and wadding entered in a compact body, the powder blackening and almost charring the tissues. The load impinged at the under and inferior outer half of the ulnar portion of the arm, cutting away the upper and outer half of the annular ligament, and ranging upward and slightly outward, emerged about two and a half inches below the bend of the elbow. The entrance wound was two inches in diameter, the one of exit two and a half inches wide by five inches long, leaving an intervening space between the wounds, only of about two inches. The ulnar was shattered into numerous fragments, and the lower and upper portions split into several pieces, and stripped to a considerable extent of periosteum; while the entire soft parts were a lacerated mass of blackened tissue, involving, as will be readily conceived, the nerves, blood vessels, tendons and muscles of the under and upper outer half of the forearm: all of which were torn into shreds and mingled into an indistinguishable mass.

Dr. Buffington saw the patient with me, and after a close examination of the wound, concurred in the propriety of an attempt to save the arm, notwithstanding the desperate character of the injury, and kindly gave me his assistance.

The nervous shock was apparently slight, his pulse not much disturbed, and his general condition and appearance, coupled with his youth and previous good health, seemed to justify our decision not to amputate his arm.

Proceeding with the wound, I carefully removed all the spiculæ and fragments of bones, exploring with my fingers with the utmost care every part of the wound to make sure that none were left remaining; and finding the ends of the ulnar split up into several pieces, the loose portions were taken out, and the ends not removed were cut back with bone forceps till the uninjured periosteum was reached; the edges then rounded and smoothed off, and all the devitalized tissue, including the nervous, vascular, cellular, muscular and tendinous elements were cut out; the wadding searched for and picked out, which had been driven

up in the cellular tissue and between the muscles nearly to the elbow: after which, by repeated washings with water as warm as it could be borne, the wound was thoroughly cleansed, and diligent search made for the torn arteries with a view of ligation, but they could not be found. There was but little bleeding, so that after washing out the wounds with carbolized warm water, I proceeded with their toilet.

I had ordered the following liniment, which I am in the habit of using in all severe wounds from whatever cause produced: *R.* carbolized oil \mathfrak{z} iii, tinct. opii \mathfrak{z} i, benzoic acid \mathfrak{z} ii. *M.* I wet thick pledgets of absorbent cotton on one surface with this liniment and applied it to the sides and surfaces of the wounds and above the absorbent cotton wad-dings of oakum, making a thick elastic compress; around the arm and over this elastic compress, I placed the uniting bandage, which I drew sufficiently tight to limit the circulation in the parts, and to give even and uniform support to the entire extent of the wounds. The arm was then placed in a light box, fenestrated in the bottom to permit the escape of any discharges that might occur, being well cushioned in the bottom and sides with oakum, and placed in a sling in a slightly depending position.

On the fourth day I removed the soiled dressings, found the wounds in good condition and redressed as at first. On the sixth and eighth days redressed, and in addition, dusted over the medicated compress with iodoform, with the view of promoting healthy granulations. Thenceforward cleansed and redressed every day by his mother under my directions. The boy steadily improved, and at the end of the sixth week the wounds had nearly healed.

I should state here that nearly the entire ulnar was removed, not more than one inch at the carpal end, and two inches at the upper end remaining, and these only mutilated portions, having lost almost one-half in their entire length, excepting their articulating surfaces. I should also state that at each dressing after being cleansed the wounds were well syringed with a solution of the foregoing liniment in warm water.

On the 18th, the day after the injury, his morning					
temperature was	99° 4-5	Pulse	90	Respiration	18
19th Temperature	99°	"	82	"	20
20th	" 98° 4-5	"	84	"	20
21st	" 99°	"	86	"	20
22d	" 99°	"	74	"	22
23d	" 99°	"	82	"	22
24th	" 99°	"	86	"	22
25th	" 99°	"	84	"	24

From this date his temperature was not taken, his pulse and general condition being such as to make it unnecessary.

The reporting of this case would be valueless to the profession, if its surgical treatment did not embrace some salient points suggestive of practical utility.

It will then be observed: 1st, with what extreme care and patience the wound was searched and every particle of foreign matter, shattered spiculæ and split bone, and bone denuded of periosteum were removed; and how every portion of lacerated tissue devitalized by the injury was cut away with the scissors, so as to reduce the sources of subsequent irritation and sloughing to a minimum. 2dly, note the repeated ablutions with warm water, with the double purpose of cleansing the wound and of arresting the little oozing and bleeding from the small blood vessels; and 3dly, further mark the use of thick pads of absorbent cotton and oakum as elastic compresses, first to absorb any discharges that might escape from the wound, but, secondly and preeminently, that the uniting bandage might be drawn sufficiently tight to bind the sides of the wound in close contact, and so firmly and evenly as to leave no recesses or spaces as receptacles for effused serum or blood in any part of the wound, while at the same time admitting a due supply of blood to carry on the nutrition and reparative processes.

I regard these salient points to which I have specially directed attention, as of primary and paramount importance in the surgical treatment of all lacerated or contused

wounds of whatever nature, and from whatever cause produced, and of deep incised wounds as well.

I have nothing to say against Listerism in the treatment of such injuries — indeed, to a certain extent, I believe in and use antiseptics; but I regard them of secondary importance. And I do affirm most conscientiously, that from a long experience and most careful observation, I am thoroughly convinced that the grand results claimed to have been achieved from the use of antiseptics in surgery and gynecology, are really due to the rigid and scrupulous cleanliness, and the care in details, practised in connection with that system. I could corroborate the statement by hundreds of cases in my own practice, and many of them, ante-dating the use or the knowledge of antiseptics.

But in proof of what I have said, I need simply to point to the well known marvelous skill and the unexcelled successes of Lawson Tait, Keith, Bantock and others, in the most hazardous and difficult operations in surgery and gynecology, without the use of antiseptics; but with the most rigid and scrupulous cleanliness, and the careful observance of every minute detail in the procedures.

CORRESPONDENCE.

VELOCITY OF THE WIND IN NEW ORLEANS.

Editors of the New Orleans Medical and Surgical Journal:

GENTLEMEN: Sanitarians teach that for adequate ventilation, inlets, and, above all, outlets should measure about 25 square inches for every person. Several factors are involved in this estimate. One of these factors is the velocity of the wind, the average of which is taken to be, as in England, seven miles an hour.

Wishing to know whether the English estimate would

hold good in New Orleans, I applied to Mr. M. Hermann, long located in New Orleans, and in the United States Signal Service, and owe to his kindness the following figures, which I think deserve permanent record:

The mean hourly velocity of the wind in New Orleans is in the

“ Spring, 8.1 miles.

Summer, 5.8 “

Autumn, 7.7 “

Winter, 8.0 “

The mean hourly velocity is 7.4 miles. The wind is highest from noon to 6 p. m.; it then decreases to calm and again increases.”

STANFORD E. CHAILLE, M. D.

RICHMOND LETTER.

[Our Special Correspondent.]

Messrs. Editors:

The Medical College of Virginia held its forty-ninth annual commencement March 31st, at the theatre. As the weather was inclement, the audience was somewhat limited in numbers; but the exercises passed off pleasantly and were enjoyed by those who attended. There were fifteen graduates. The orator of the evening, Hon. A. M. Waddell, of Wilmington, N. C., delivered a spirited address, which was well received and frequently elicited hearty applause. One of the graduates, Dr. Ramon C. Garcin, of this city, has been appointed resident surgeon to the hospital of the South Carolina penitentiary.

The spring session of the college has commenced with a class of twelve, which will probably receive a few additions.

The State Board of Medical Examiners were in session at this place on the 4th, 6th, and 7th of April. Sixteen

members were present. In the absence of the President, his duties were assumed by the Chairman of the Executive Committee, Dr. Hugh M. Taylor, of Richmond. The Secretary, Dr. Hugh T. Nelson, of Charlottesville, attended. Nineteen applicants were examined, ten from the Virginia Medical College, seven from the University of Maryland, and two from Howard University; of whom six from the Virginia College were rejected, four from the University of Maryland, and both applicants from the Howard.

Governor Lee has recently accepted the resignation of Dr. Harvey Black as a member of the Board of Examiners. Dr. Black, who was formerly Superintendent of the Eastern Lunatic Asylum, has been elected to the same position in the South-Western, with Drs. R. J. Preston, of Washington county, and John Apperson, of Smyth, as first and second assistants, respectively.

Among the late appointments by the Governor are those of Dr. D. B. Dabney, of Henry county, as coroner of that county, and of Dr. I. S. Stone, of Lincoln, Loudoun county, as a member of the State Board of Examiners, to fill the vacancy caused by the resignation of Dr. Wm. C. Dabney, of Charlottesville, now of the University of Virginia.

A committee has been appointed by the Medical and Surgical Society of this city to procure, if possible, some legislation with regard to the fees of medical men for services rendered in commissions of lunacy. This step was taken at the suggestion of Dr. Jacob Michaux, who called attention to the fact, that no law existed by which stated fees could be demanded.

The recent entertainment given in this city for the benefit of the Eye, Ear and Throat Infirmary (charity department) was a pecuniary success. This institution is prospering, and the dispensary connected with it is doing a good work amongst the indigent classes. A report of its work has

been published by the senior surgeon, Dr. Joseph A. White.

At the recent meeting of the Medical and Surgical Society, of which Dr. Hugh M. Taylor is president, and Dr. C. L. Cudlipp secretary and treasurer, the fellows in attendance had the pleasure of listening to some informal remarks by Dr. Mason, resident physician to the asylum for inebriates, at Mount Hamilton, New York. The obliging visitor was placed on the witness stand, and gave an interesting account of the measures employed by him for the cure of his patients.

We have been well provided lately with samples of new remedies, and with improved preparations and combinations of the old. Such will doubtless be the case with all the doctors who have sufficient time for a short conference with the travelling agent. The physician is placed in a dilemma as to his choice of ready remedies, and it is a question whether a few patients do not succumb before the medical attendant can make a selection from so many pharmaceutical triumphs.

The health of the State at large seems to have been good during the past few months. No epidemics have been reported. In the recent report of our Board of Health for 1886, valuable recommendations are made for the maintenance of public health, and good suggestions offered with regard to the prevention of cholera, a visit from which, it is stated, is possible, though not probable it is to be hoped, during the approaching summer.

Drs. J. S. D. Cullen and Joseph A. White, delegates to the late meeting of the North Carolina State Medical Society at Charlotte, have returned home after a pleasant visit to their medical confrères in the Old North State.

I am sorry to report the recent deaths of Dr. Lyle Milan, at Woodville; of Dr. Archer C. Randolph, of Clarke county; and, on April 5th, of Dr. John M. Hutchings, of Danville, who came to a tragic end by accidentally shooting himself with a pistol.

W. S. G.

PARIS LETTER.

M. D'Arsonval on Accidents to Workmen Employed in the Manipulation of Dynamo-Electric Machines—Pinet and Duprat on the Physiological Action of Remisia Ferruginea—M. Lancereaux on the Digestive Disturbances of Uremia.

PREVENTION OF FATAL ACCIDENTS FROM ELECTRICITY.—At a recent meeting of the Paris Biological Society, M. D'Arsonval communicated the result of an inquiry into the causes of the danger of accidents to workmen employed in the manipulation of dynamo-electric machines. According to the author, the danger in such cases arises solely from the self-induction resulting from the manner in which the machine is made, and not from the tension or intensity of the current. In machines in which the current is continuous there is danger only at the moment when the current is interrupted, as at that moment an extra current is produced, and it is to this that the accidents must be attributed. M. D'Arsonval has devised a simple arrangement by means of which accidents from this source may be effectually prevented. It consists of a stop-cock of glass or stone-ware filled with mercury, which latter is placed in the circuit. On turning the key the column of mercury is gradually divided, thus avoiding a too brisk interruption of the current. In machines with alternating currents the danger is much greater, and the author confesses his inability to devise a means of entirely suppressing it. The author asserts, however, that in nearly every case where an animal had been struck down by a current from one of these machines, he was able to restore life by means of artificial respiration, and he recommends this mode of treatment in all cases of such accidents to man.

PHYSIOLOGICAL ACTION OF REMISIA FERRUGINEA.—At a recent meeting of the Biological Society, MM. Pinet and Duprat communicated a note on the physiological action of remisia ferruginea. The forms employed in the experiments were an aqueous and a hydro-alcoholic extract of

the root of the plant. Both extracts, as tested by litmus paper, showed a decided acid reaction. The hydro-alcoholic extract was much less active than the aqueous extract. The experiments were made on frogs weighing 30 grammes, and the dose was the quantity contained in 3 divisions out of 20 in a Pravaz syringe. A quarter of an hour after the injection, in the foot of one of the hind legs, the animal was found to show general hyperexcitability, with considerable increase of respiratory movement and cardiac pulsation. In some of the animals the energy of ventricular contraction was so great as to produce asphyxia, that continued throughout the entire duration of the intoxication. The heart was found to be abnormally red. Electric contractibility of the muscles remained intact. Ligature of the iliac artery on one side with injection of the extract into the opposite member, produced no difference in the effect. Section of the lumbar nerves on one side with injection into the opposite member, caused the convulsions to appear only on the side where the innervation remained intact. When the spinal cord was divided below the medulla no convulsive action took place. Ablation of the cerebral hemispheres in no way affected the phenomena above described. The authors conclude that *remisia ferruginea* affects principally the medulla.

The *Union Médicale* of the 1st March publishes a communication contributed by M. Lancereaux, on the digestive disturbances of uremia. The gravity of renal affections has not been sufficiently recognized for a long time. In fatal cases of renal affections, uremia is always the primary cause. This symptom indicates functional insufficiency of the kidney. The abnormal retention of excremental matters by the kidney constitutes what is called uremia. This term also signifies an auto-intoxication by the retention of substances destined to be eliminated, and which are retained by *any organ whatsoever*. Cutaneous uremia has been but little studied, but it is known that deteriorations of the skin are of considerable significance in renal uremia. Uremic symp-

toms are more difficult to treat in aged patients than in children, in whose case the skin and intestines act easily. Excremental matter which is retained, acts upon the nervous system in the same manner as certain vegetables or mineral poisons. The affection caused by their action is termed *cerebro-spinal uremia*. The toxic matter destined to be eliminated by the kidney, tends to escape through other organs, and causes many affections such as broncho-pulmonary lesions, peritonitis, Bright's pericarditis and pleurisy, and cutaneous eruptions. Derivation acts principally on the digestive mucosa. This action frequently determines well marked functional disturbance. M. Cl. Bernard and Barres well demonstrated by their experiments, that in nephrectomised dogs, the urea was eliminated by the stomach and intestines under the form of carbonate of ammonia. This elimination was accompanied by vomiting. It is therefore erroneous to explain the gastro-intestinal phenomena of uremia by œdema of the digestive mucosa. These phenomena characterise the second, or gastro-intestinal form of uremia. In this form, the stomach and large intestine are the principal seat of the disorders; these occasionally arise in the small intestine and even in the mouth and pharynx, constituting what is termed buccal and pharyngeal uremia. This affection is characterised by the presence of adhesive mucous, grayish in color, semi-transparent, abundant and viscous like gum. Underneath, the mucosa is red, dry, but not ulcerated. This affection has been erroneously confounded with angina. In angina, the false membranes are less abundant and white in color. In general, the tongue of a uremic patient is red at the edges, and covered with suberrated pasty matter, gray or yellowish in color. It becomes black and horny in cases where uremia is accompanied by suppuration of the urinary passages. Gastric uremia is very common. In chronic neuritis, where gastric uremia is frequent, vomiting is preceded by loss of appetite, and a repulsion to certain aliments, more especially meat. The food is not vomited; the vomitings are liquid, grayish, or pale green in color. They continue all day long,

and sometimes during several days; they disappear spontaneously, or under the influence of a simple purgative injection. At the outset, these vomitings indicate exaggeration of the secretions of the stomach, consequent on the impaired renal function; later the gastric mucosa is deteriorated by the prolonged irritation caused by the excremental matter. It becomes the seat of lesions, which cause vomiting. The nervous system may be considered to have a certain influence in this vomiting, for it is frequently accompanied by hiccough, dyspnœa and other cerebro-spinal phenomena. It is well to be acquainted with the origin and aspect of this vomiting. Even experienced doctors frequently treat patients for purely stomachic affections, whilst the kidney is becoming sclerosed, and consider confirmed uremic patients as dyspeptic patients. Diarrhœa, characterised by certain peculiarities, is the unfailing symptom of intestinal uremia. This diarrhœa is abundant, but painless. It induces sleep and relieves cephalalgia. The evacuations are serous, fœtid, grayish in color, and contains a number of whitish grits, like grains of rice; an excessive quantity of urea and carbonate of ammonia are also detected. Later on, this diarrhœa is tinged with blood and sometimes becomes enteric in type. Typical lesions in the intestinal mucosa are detected.

M. Lancereaux concludes from his observations, that bucco-pharyngeal uremia is rare; gastro-intestinal uremia is very common. When vomiting appears at the outset, it should be regarded as a providential exaggeration of the secretion, which should not be checked if no other derivative means remain. The action of the skin and kidneys should be restored. Premature intervention may cause convulsions or coma, consecutive to the suppression of the diarrhœa. When diarrhœa and vomiting appear at an advanced period of the affection, when material lesions in the digestive mucosa are detected, they may be checked. The hiccough characteristic of cerebro-spinal uremia is violent and persistent, lasting sometimes for days. This symptom frequently indicates a fatal termination.

PROCEEDINGS OF SOCIETIES.

PROCEEDINGS OF THE TWENTIETH ANNUAL
MEETING OF THE MISSISSIPPI STATE
MEDICAL ASSOCIATION.

Reported for the New Orleans Medical and Surgical Journal by LUTHER SEXTON,
M. D., of Wesson, Miss.

The twentieth annual session of the Mississippi State Medical Association, convened in Jackson, Miss., on April 20th, 1887.

DR. R. S. TOOMBS, of Greenville, called the convention to order, REV. WM. SPROLES, of the Baptist Church, invoked a divine blessing, and the convention was then welcomed to the Capital of the State by COL. CHARLES E. HOOKER. Col. H. spoke in his usual felicitous style, making a short review of the early pioneers in the science of medicine. He spoke of the time when Joseph demanded of the medical men of Israel that they embalm his father, and alluded to the mummies of ancient Egypt, and their perfect state of preservation up to the present time, as illustrations of the advancement of the healing art at that early date. He referred to Esculapius, Galen, Harvey and Jenner, as contributors to the ancient literature of medicine, and as early benefactors of the human race. It was a God-like profession and called the divine art. At the conclusion of his remarks he presented the Association with the Medical and Surgical History of the war of the rebellion.

Dr. Hyer offered a resolution thanking Col. Hooker for his contribution and address, and requesting a copy of the address for publication. The roll was then called, and seventy members responded. The attendance was largely augmented by the arrival of other members in the evening and succeeding day.

DR. R. S. TOOMBS then delivered the annual address. He likened the relations of the State Medical Association to the kindly signals given by the great crafts on the rivers in passing contact. The Association was established in 1869, before the din of battle had cleared away. "Our joys are somewhat marred by the death of some whose noble example we should try to emulate." He recommended a museum and laboratory here at the State Capital, and suggested that Dr. Phares' Researches in the Flora of Mississippi, be made the subject of a special collection in this museum.

The Recording Sec'y, DR. W. E. TODD, of Clinton, was instructed by a resolution to revise the roll erasing the names of all those who had either moved out of the State, fallen behind with their dues for more than two years, or died and had not been reported to the section on necrology, DR. J. F. HUNTER, Treasurer, then made his report showing the Association to be on a firm financial basis, with some \$500 in treasury; this was augmented by the annual dues of all the members.

The first paper read was by DR. WM. H. WHITE, of Brandon: *Serious Result of a Trivial Wound*. Patient had drawn a needle and thread through the index finger, and had suffered great pain for two days, at which time she consulted him. He made a deep incision, but the result was negative. He applied soothing liniments and poultices; still the patient complained of the severe neuralgic pain and could get no relief short of strong anodynes, liniments or sedatives. She was not a hysterical patient, nor was her suffering imaginary. He had built up the system as much as possible by tonics and nervines, but on the pain continuing for two months, he decided to have Dr. M. S. Craft, of Jackson, in consultation. They decided that a small filament of nerve had grown into the cicatrix, so made a deep V shaped incision, expecting to remove the diseased nerve. The pain returned just the same as before the operation, only the pain extended up the arm and to the shoulder. Free suppuration followed Dr. Craft's operation.

Dr. White submitted the question of nerve section to the Association. His paper was referred to the Publication Committee.

The next paper was on *Erysipelas* by DR. W. A. GALLOWAY, of Jackson. He claims that all the varieties had a common origin, and that this specific germ was capable of being carried from one patient to another. He rarely ever lost cases of erysipelas. Age, sex, wet weather, were some of the most common predisposing causes. A specific virus was the immediate cause, though the name or class to which it belonged had not been positively determined. He treated it by commencing with a mild mercurial purge followed by quinine and iron, the latter in from twenty to sixty drop doses every four hours. He laid great stress on cranberry poultices; found them to arrest the spread of the inflammation, and subdue the pain.

DR. BLANKS, of Meridian, discussed the paper, saying that the cranberry had not been so successful in his hands, and that he found the mortality from erysipelas in children quite considerable.

DR. PRIESTLY, of Canton, claimed that collodion, painted on the healthy tissue just as iodine was formerly used, would arrest the spread of the disease in nearly every instance.

DR. T. T. BEALL had obtained the best results from a 3 per cent. solution of carbolic acid in whisky.

DR. BLANKS spoke of a child that had its ears pricked for earrings; the wound took on an erysipelatosus inflammation, and resulted in sloughing of the scalp and finally in death. He said the tendency of the disease was towards recovery, and that patients got well in spite of the treatment, and not from any therapeutic value of agents used.

DR. J. A. SHACKLEFORD, of Leota Landing, read a paper on *Uterine Surgery*. The doctor could only deal with a few of the complaints common to the womb in the time allotted to him. He discarded the treatment of menorrhagia by styptics, and would pay special attention to the constitutional treatment, as well as to local appli-

cations in all womb troubles. His was a superior paper, but was not all heard by your reporter.

DR. N. L. GUICE, of Natchez, read a paper on *Malarial Cachexia*; iron and strychnia formed the principal ingredients in the treatment. They seemed to act as irritants to the stomach, and the strychnia acted as a violent purge every time it was given, even in 1-60th gr. doses.

The following is a synopsis of the paper:

Mrs. C., American, multipara, of good family history, and a resident of a small island in the lower Mississippi river. Has had malarial intermittent fever for two (2) years, not having escaped a paroxysm of fever for more than two months of any period of this time, and remembers but one such period of immunity; is emaciated and very anæmic: a distinct anæmic *bruit* attends systole of the heart and trifling exercise develops urgent dyspnoea; lungs normal; abdomen distended by enormously enlarged spleen, this organ presenting also marked tenderness and induration; digestion poor; bowels constipated; feet and ankles œdematous. Patient has had daily paroxysms of fever for last two weeks: temperature 101; urine high colored.

Treatment: Bowels cleared out by two comp. cathartic pills, and paroxysms of fever arrested by gr. 5 of quinine given every four hours. The febrile paroxysms having been arrested, it was discovered that the temperature remained continuously from 100° to 102°. This high temperature continued through the first three weeks of observation, and was attributed to the existing splenitis.

Following the suspension of distinct febrile paroxysms patient was given daily before breakfast gr. iij of quinine, and three times a day after meals a pill, compounded of quinine sulphate gr. ij; fe. sulph. exsic gr. ij; strychnine sulph. gr. 1-60 and ext. gentian q. s. to make mass. In addition, the surface of abdomen over spleen was daily painted with dilute tinct. iodine and an abdominal supporter was ordered to relieve an insupportable dragging pain in left hypochondriac region. This treatment was

speedily followed by large and frequent stools containing mucus and attended with severe griping. Pill now suspended and bis. subnit. and laudanum given. Upon subsidence of diarrhœa the pill was resumed with similar consequences. Pill again suspended, when catharsis immediately ceased without special treatment. This pill was again tried with same results, and was then finally abandoned. Attributing the bowel trouble to irritation set up by this pill, it was now divided and one half pill given *ter in die* as before, with results precisely similar. Other trials were made of this pill with similar consequences, thus fixing the catharsis upon the action of the same.

Thinking the sulphate of iron of the pill might be the cause of the catharsis, I now gave a pill compound of quinine sulph. gr. ij; fe. pulvis, gr. ij; strychnine sulph. gr. $\frac{1}{60}$; acid arsen. gr. $\frac{1}{30}$ and ext. gentian, to form mass. This pill was given *ter in die* after meals and was followed by the same bowel trouble. It was now evident that the iron of the former pill had not induced the irritation of bowels, and suspicion at once rested upon the strychnia, though a dose so small as gr. 1-120 had at one time been given. Acting now upon this suspicion, the following pill was given, to wit: quinine sulph. gr. ij; fe. sulph. exsic. gr. ij and ext. gentian, to make mass, and given three times daily after meals. This pill was taken with complete impunity and with steady improvement of patient — the bowels acting normally.

Three weeks had now been consumed (one of which I was absent from the city), during which the temperature had remained at 100 to 102, but otherwise improvement was perceptible. Under the last prescription, the temperature speedily came down to normal.

Three weeks after commencing the last pill, patient was in all respects greatly improved, including reduction of spleen to one-half the size, noted at first examination, and total disappearance of tenderness of the organ. Meanwhile, the gr. iij of quinine before breakfast,

and the iodine applications had been continued. Four drops of Fowler's solution *ter in die* were now added to the treatment with instructions to continue it for another month. Patient now returned to her house, but under the above treatment, it is expected that she will steadily improve, and will soon reach a fair state of health.

The foregoing case is interesting: 1. As presenting a condition of anæmia from malarial poisoning, so extreme as practically to deprive the patient of the power of locomotion by reason of the resulting dyspnœa.

2. As exhibiting extreme enlargement of the spleen.

3. As being a case of malarial cachexia, presenting the unusual phenomenon of continuous high temperature.

4. As developing a case of idiosyncrasy amounting to intolerance of strychnia, the intolerance presenting in the form of purgative action of minute doses (gr. 1-120) of the drug.

2 DR. B. F. KITTRELL reported a case of *Embolism after Abortion* that proved fatal in three days. When he was first called to see the patient she was pulseless from hæmorrhage and syncope was imminent; he immediately moved the pillow from under her head and gave a hypodermic of morphine; made a vaginal examination, and could find no trace of placenta or clots in the womb; put her upon a stimulating course of medicine, and removed the placenta next day. Her conjugal relations were strained, and besides this, she was a half-starved and over-worked woman. He thought psychical influences had a great deal to do with her trouble. Two days after the abortion she was attacked with a severe pain just above the ankle. The leg soon became enormously swollen, the facial expression was cramped, and a condition similar to *phlegmasia dolens* soon supervened. Only a few hours after this intense swelling bluish-black spots began to form, and gases could be felt in the subcutaneous areola tissue, temperature in the limb fell below normal. Gangrene soon set in, and the patient died on the third day of the attack. He

thought the clot lodged either in the femoral or popliteal artery.

DR. J. W. BENNETT, of Brookhaven, then read a paper on *Progressive Hereditary Muscular Atrophy*. The doctor has in charge a family in which thirteen have suffered from this peculiar malady. The old English writers call it palsy. Some thought that the trophic changes were due to the nerve centres, others to the centre of cord in which pigment and atrophy were found.

The muscles become yellow, are stretched and tense, the bones continue to grow and develop, the muscles soon degenerate and perish away. In this family it was chiefly met with in the children. Excessive labor, cold and dirt predisposes to an attack, great fatigue was expressed at the least exertion. No pain was complained of, but there was a slight tremor about the muscle about to be affected. DR. B. reviewed several of the cases in detail, and recommended tonics, massage and electricity as the most rational means of treatment.

DR. T. T. BEALL thought the DR.'s cases might have a spark of hereditary syphilis as well as hereditary muscular atrophy.

DR. SEXTON thought that consumption usually supervened and carried off the patients; it had been the immediate cause of death in the only two cases he had ever treated. He thought it a debatable question whether the origin of the disease was in the central nervous system or in the cords, or in the muscles themselves. When electricity is depended on, it should be a strong current and of short duration. The injection of 1-3 glycerine solution into the wasting muscles is beneficial.

The morning session then closed after the reading of an interesting paper by DR. JAS. M. MINOR, of Memphis, on *Some Suggestions on the Treatment of Simple Eye and Ear Disease*. The DR. gave several rules to govern the general practitioner and some valuable prescriptions for their use in general practice.

At the night session DR. SEXTON, of Wesson, read a pa-

per on *Phlegmasia Dolens*; he also reported a case of *Gun Shot Wound of the Chest Resulting in Pyothorax*. These cases were discussed by Drs. KITTRELL and DUNN; comments upon their value would be out of place by the reporter. DR. A. L. MORRIS read a paper on *Mediastinal Abscess*. The Doctor, though a young man, had put some deep thought and sober judgment into his paper. DR. HYER thought that antiseptics should have been used earlier in the case. DR. O. B. QUINN of McComb City reported *Two Cases of Fluid in the Pleural Cavity Relieved by Aspiration*; also, the *Removal of a Testicle for Sarcocoele*. In the discussion of the above papers the entire Association took a tilt as to best mode of procedure in different fluids in the chest, and the opinion prevailed that in simple serous effusions, aspiration was the best method, but in pyothorax, with a large pyogenic membrane, either a free incision and drainage or trephining the rib in desperate cases.

The committee to whom the president's address was referred reported that they had not sufficient time to formulate practical suggestions as to the valuable recommendation of the president relative to the establishment of a medical library, museum and laboratory, and recommended the appointment of a committee looking to that end, to report at the next annual session, to be instructed to endeavor to procure, by legislation or otherwise, a room in the Capitol building for said object. Adopted.

Adjourned.

The association convened at 9 o'clock a. m. Standing committees were appointed as follows: On prize essays, Drs. B. F. Kittrell, E. P. Sale, B. F. Ward and S. V. D. Hill; on centabation, Drs. M. S. Craft, Wirt Johnson and Robert Kells; on publications, same as last year with the addition of Drs. J. F. Hunter and W. E. Todd. Eleven new members were elected.

DR. S. V. D. HILL read his contribution on *Modern Treatment of Phthisis*, which was ably discussed by Drs. Beall, Guice, Hyer, Ward and Hill.

Elections by way of recommendation to the Governor

for appointment to fill expired terms on the State Board of Health, resulted as follows: For Second District, Dr. W. F. Hyer; for Third District, Dr. B. F. Kittrell; for Sixth District, Drs. R. S. Toombs and R. T. Edwards. Each in these gentlemen succeeds himself.

By invitation, C. W. KELLY, M. D., professor of anatomy of the Louisville Medical College, addressed the Association, taking for his subject, *Bright's Disease of the Kidneys*, which he learnedly discussed at length.

Prof. Kelly was unanimously elected an honorary member, and invited to meet again with the Association. Adjourned for dinner.

The Association reconvened at 3 P. M. The judicial council reported that having, after investigation, found Dr. J. A. Brown, of Kosciusko, guilty of the following charge and specification, they recommend his expulsion from membership in this Association. Charge: Unprofessional conduct. Specification: In this, that the said Dr. J. A. Brown, while a member of this Association, did purchase from a certain Thompson, of New Orleans, the right of using a secret preparation in the treatment of rectal diseases. The report was unanimously adopted, thereby expelling the party charged.

DR H. H. HOWELSON read a paper on *Pneumonia*. DR. A. G. SINCLAIR, of Memphis, read a paper on the *Frequency with which Iritis is Mistaken for Neuralgia*. These papers were ably discussed and referred to the publication committee.

On motion, all papers sent by absent members were referred to the committee on publication without reading.

DR. W. F. HYER read a paper on "*A Case of Ovariectomy*," presenting some points of interest.

It was developed in the general discussion that followed this paper that this was the first successful ovariectomy in Mississippi, the ovarian tumor being in a genuine negro, which is rare, and claimed by some medical authorities never to exist. The paper was referred to the committee

on publication, and the congratulations of the Association extended to Dr. Hyer upon his success.

The following were appointed delegates to the next meeting of the American Medical Association: Drs. Sale, Hill, Taylor, Guice, Sexton, Sinclair, Ward, Johnston, Hyer, Trimble, Stewart, W. M. Paine, Blanks, Hall, Trotter, Moore, Gresham, Toombs, S. L. Paine and Priestly.

The sum of \$50 was appropriated toward the expenses of the International Medical Congress. Dr. W. Y. Gadberry was changed from an active to an honorary member. The committee on medical topics reported the topics for discussion at the next annual meeting, with the names of the persons to severally prepare papers thereon. Adjourned till 9 o'clock to-morrow morning.

The Association by special invitation, attended a reception at the hospitable residence of United States Senator J. Z. George, where they, in common with numerous friends, were magnificently entertained.

Your reporter was unavoidably absent part of the 3rd, so some valuable papers are left out of this report.

MEDICAL ASSOCIATION OF GEORGIA.

The Association met in the Senate Chamber, in Atlanta, on the 20th of April, and was called to order by the President, Dr. T. O. Powell. Prayer was offered by Rev. Dr. Morrison; an appropriate and cordial address of welcome was then made by Dr. J. F. Alexander, which was well responded to by Dr. Eugene Foster, of Augusta. Our space will not permit of an extended notice of the proceedings.

In his address to the body, Dr. T. O. Powell, the President, very properly departed from the usual stereotyped remarks upon the duties of medical societies, and discussed a subject of great interest both to the profession and the public at large. His theme was Heredity and Environment, the transmission of both Moral and Physical Peculiarities from Parent to Child, and the great importance of

the fact was forcibly and ably presented. The physician should bear in mind this truth, not only in its professional bearings, but should impress the public with its importance. Healthful families should not marry into defective or diseased families. He had found, in his observation upon the insane, that a majority of insane cases were from hereditary transmission. It was the province of the physician to inform the people of the dangers of hereditary transmission, that they may guard against them. Marriages of healthful with defective constitutions should be avoided. The stock-breeders have improved, and developed fine breeds by observing the law of heredity; the principle will hold good with respect to human beings. The fact of heredity, especially the transmission of vices, should be taught in our schools. It would be well if there was a board of health in every county to say if a marriage license should be granted. Many of the offspring of improper marriages find their way into our penitentiaries. We have compulsory laws in regard to small-pox, vaccination, etc., why not in relation to marriage also? Families with neuralgic, insane, alcoholic, and syphilitic diatheses should not intermarry. The natural or hereditary tendencies of children should be noted and utilized. Dr. Powell referred to the physical and moral defects of immigrants as tainting our population and increasing crime and pauperism in our country, and gave statistics in proof of this. He favors the establishment, by the State, of schools for the feeble minded, a hospital for the insane, and a house of correction. We regret that we have not space for further notice of this able and interesting address.

Many interesting subjects were discussed by the Association—among them the subject of Expert Testimony; the bill before the Legislature on Practical Anatomy, and the Alabama Medical Organization. On the latter subject Dr Cochran, the great organizer of Alabama, was introduced by Dr. Baird and made an interesting address. The report in reference to the Alabama plan of organization was,

under the constitution, laid over until next session, when it must come up for final action.

A resolution sympathizing with the present efforts to make successful the International Medical Congress elicited considerable discussion, but was finally adopted.

The generous hospitality extended to the Association by the physicians and citizens of Atlanta evoked many expressions of appreciation and gratitude. The excursion to Salt Spring and the elegant feast given by our generous fellow-citizen Mr. E. W. Marsh, the proprietor of this celebrated health resort, was one of the most enjoyable occasions we have ever participated in. The members of the Association were delighted with Salt Springs, with the water, the attractions and surroundings of the locality, the magnificent hotel in process of construction, and with the great advantages of the place as a health resort. An address of thanks in behalf of the Association was made by one of its members and responded to by Col. Howell of the Constitution. Mr. Marsh and Mr. Inman were present on the occasion, and extended personally and cordially that generous hospitality for which high-bred and intelligent Georgians are noted.

The entertainment at the Ivy Street Hospital, the visit to the Southern Medical College, the Governor's reception, and the great banquet at the Kimball House were all most happy and enjoyable occasions, and will long be remembered by the large assemblage of medical men constituting the Medical Association of Georgia.

The officers elected for the ensuing year are:

President — Dr. A. G. Whitehead, of Waynesborough.

Vice-Presidents — Dr. A. Smith, Hawkinsville; Dr. John Gerdine, Athens.

Secretary — Dr. James A. Gray, Atlanta.

Treasurer — Dr. E. C. Goodrich, Augusta.

Censor — Dr. M. H. O'Daniel, Milledgeville.

— *Southern Medical Record*.

FLORIDA.

Meeting of the Florida Medical Association at St. Augustine, May 17th, 18th and 19th.

I do not know how I could more appropriately begin my Florida notes than with the chaste and elegant exordium of Dr. C. H. Mallett, whose admirable report of the proceedings of the 13th annual session of the Florida Medical Association appeared in the columns of the *Morning News* of Jacksonville.

- Just once a year the Doctor's worthy dame
• Goes to the barn and shouts her husband's name,
"Come, Rip Van Winkle!" (giving him a shake)
"Rip! Rip Van Winkle! time for you to wake!
Laylocks in blossom! 'tis the month of May —
The Doctor's meeting is this blessed day,
And come what will, you know I heard you swear
You'd never miss it, but be always there!"

The year 1874 saw the first meeting of the physicians of Florida, assembled in convention to discuss matters pertaining to their profession and to adopt a code for the better guidance of their mutual relations. This resulted in the formation of the Florida Medical Association, which has since then met regularly every year, each meeting showing an increase of membership and a more wide-spread interest in the work of the Association. It has come to be regarded as one of the most useful institutions in the State; it represents the best element in the medical profession in Florida; it has already brought about many reforms and has accomplished much which the general public is not quick to recognize, but the lasting results of which will be seen in years to come. It is a hard working body of earnest men — each in love with his profession and his life work — men who do not meet to have a good time, but to devote the brief respite allowed by the confining nature of their calling, to furthering the interests of the people among whom their lot is cast. That the Association is growing in numbers and influence is attested by the large attendance at St. Augustine yesterday as well as by the numerous applications for membership.

There were about forty members in attendance, and there was a spirit and an energy of feeling pervading the whole meeting which promised much for the future interests of medicine in our great sanitary peninsula. It is needless to say that the Association was royally received. St. Augustine, with its archaic structures and classic memories, has been too long the Mecca where all pilgrim footsteps travel to be wanting in aught that pertains to the comfort or the pleasure of all who come within her ancient walls.

The President of the Association, Dr. J. Y. Porter, of Key West, delivered a most admirable inaugural address, a few extracts from which will, as old Samuel Pepys would say, prove "*monstrous good reading*." Dr. Porter introduced his address with the following very satisfactory remarks:

Gentlemen of the State Medical Association of Florida—

"As I rise to greet you, I see before me representatives of our noble profession from the various sections of the State assembled together to-day in the common cause of philanthropy and humanity. To each and all of you it gives me pleasure to bid you a cordial welcome, trusting that this thirteenth annual meeting of the Association may be one of the most interesting and profitable in its history.

"In the exercise of my duties as presiding officer during the past year, I have been called upon to make no decisions, and therefore conclude with much satisfaction and pride that the utmost harmony prevails in the different county and local societies of the State. It is with devout thankfulness that I announce that our State has been spared during the past year any epidemic and that we have not the history of any serious sickness to speak of or discuss."

After eloquently and tenderly referring to those who had fallen in the ranks of the profession during the past year, he proceeded to take up the great question of the hour—the organization of medical authority in the State by proper legislative enactments. I am sure that the extracts which follow will be interesting to all who have the great interest of State medicine at heart:

“Although this is the first time the Association has met in St. Augustine, there seems to me a peculiar appropriateness in our gathering here. For it was at this place, we are told, and at this season of the year, that the gallant Ponce de Leon, three centuries ago, first landed in his romantic search for the fountain of health in the Land of Flowers. It is, therefore, fitting that we who are endeavoring to discover and point out the way of health should discuss on this historic spot the most rational means of bringing about that ideal state of public well-being which all men desire. And I cannot help feeling that a peculiar responsibility rests upon the physicians of Florida. While there are now no Ponce de Leons eagerly looking for the impossible, our State is nevertheless the Mecca of many thousands who hope to find in its balmy atmosphere a complete restoration to the health they have lost, or at least a respite from their suffering.

“Florida is unquestionably the hope, and so far as one State well can be, the future home of many of the invalids of this great country. It is easy to see that with the usual character of this immigration, coupled with the fact that the comparatively recent development of “opening up” of the State has given us a strikingly heterogeneous population, the physicians have before them a task of unusual magnitude and difficulty to adequately instruct, direct and care for the people. The obligations imposed upon us as conservators of the public health are too well understood and appreciated by all of us, I am sure, to require emphasis at my hands.”

* * * * *

“It is not alone upon domestic hygiene and sanitation that the future prosperity of our State depends. Possessing, as it does, an immense sea coast, with fine harbors and many navigable inlets, it is the more important that a system of quarantine should be perfected and enforced that will, during the summer, or when sickness prevails as an epidemic elsewhere about the globe, protect our sea coast cities from the introduction of pestilence. While I believe in stronger

measures, I believe also in intelligent ones, and I would abolish the term quarantine, which savors of centuries of superstition and darkness, and substitute therefor "maritime sanitation," as suggested by an able surgeon of New Orleans. I have faith in a system that will hamper commerce and travel as lightly as is consistent with true protection. I would insist upon this protection, and I would make it so certain that it would be as infallible in its method of procedure and ultimate action as anything human can be; but with stringency I would have intelligence and ability. Such a system, I claim, our State has been the first to inaugurate, by which uninterrupted communication can be had with a foreign port, the native habitat of one of the most pestilential diseases, and at the same time have that disease effectually excluded from our coast. What was an experiment, looked upon with distrust two years ago, now has the unbounded confidence of our sea coast cities. The only danger to the system is one of relaxing vigilance, and as eternal vigilance is said to be the price of liberty we can appropriately paraphrase the saying in this instance as being the eternal price of health and happiness.

"To those of you who will soon be called upon to exercise authority in the State Health Association, I would especially invite attention to the imperative necessity of immediately securing an enactment that shall effectively suppress the charlatanism which is peculiarly a curse to Florida on account of the ignorance and superstition of its negro, and a considerable portion of its white population. The audacity and impudence of some of the itinerant quacks who infest the State, especially during the winter, are simply amazing. It is not alone the harm they do by wheedling the last dollar from the pockets of poor people, giving them worthless nostrums in return, that warrants legal interference, but their unconscionable denunciation of the regular physicians and their methods, thus off-setting and making invalid much of our best work among the masses. We need a law for the suppression of charlatanism more for the protection of the masses than of the physicians, for the people are

the chief sufferers. And this desirable law, while sufficiently exacting and severe to suppress the dangerous quacks referred to, need not exclude from practice those men of education and professional attainments who, through some whim, choose to array themselves among the "pathies," as it has unjustly done in other States. We need not surrender any of our traditions or beliefs of purposes while bearing a liberal attitude toward honest men whose views, as physicians, may differ in minor details from ours. To practice medicine in this State or elsewhere, the person should be a gentleman or lady in the strictest sense of the term, and should possess a thorough knowledge of the fundamentals of medicine, together with a liberal education otherwise. With these requirements fulfilled and substantiated by a board, I would permit him or her to practice medicine, irrespective of the terms they choose to apply to themselves. More is to be gained, it seems to me, by cordial co-operation with intelligent, educated and sincere "dissenters," if I may borrow the term, than by a continuance of the antagonism which has so long characterized the relations of the schools, so called, of medicine. Let us take pains to make it understood that we hold these liberal views, accepting what is good and true, no matter where we find it, and the good feeling and co-operation which will follow will more than compensate for what may appear an unbending from our hitherto "close-communion" position. Our Association should be broad and liberal enough to be above differences and dissensions that a little frank and good-natured discussion may reconcile or dissipate. It frequently happens that men who suppose themselves hopelessly opposed to each other with regard to certain principles or views, find, upon comparing notes, that in reality they can work harmoniously together for the attainment of a common end.

"Our work as public sanitists ought to be easier in the future than it has been in the past, for there is now a general recognition of the fact that many diseases are preventable—whereas there was a time when all diseases were con-

sidered a direct visitation of Providence — that there is a growing feeling among the people that scientists are able, through chemistry and the microscope, to discover impurities in food and water, and that therefore men who make a specialty of scientific sanitation and investigation ought to be competent to discover and avert causes of disease. I repeat, that there is a growing appreciation of these things, and the fact ought to encourage as well as help us. If we but do our part untiringly and heartily, we shall soon gather the beneficent fruit of our labor.”

Among the most interesting papers presented were those of

DR. C. J. KENWORTHY, on *Basilar Meningitis*, offering as a pathognomonic diagnostic sign the excruciating agony produced by a *contre-coup* on the vertex, referable to the base of the brain.

DR. J. D. FERNANDEZ, on *Retention of Urine*. The paper was a strong *apology* for the urethrotome.

DR. F. F. SMITH, on the *Climate of St. Augustine in Summer*. A very valuable statistical paper, which showed close and accurate observation and elicited animated discussion.

DR. DEWITT WEBB, on *The Indian under Medical Observation*.

DR. C. H. MALLETT, on *Antifebrin*.

Many of the papers would do credit even to an assembly of doctors in *Jerusalem*, though they may and do think that “no good can come out of Nazareth.”

The annual oration was delivered by Dr. Neal Mitchell, of Jacksonville — an ornate production as polished as his personnel, and as graceful as his delivery.

The “Hamlet of the play,” however was Dr. Pelot’s bill sent to the Association from the Legislature now in session for amendment and endorsement. After a free discussion it was enthusiastically sent up to the Legislature, with the prayer for its success before a body that has hitherto put the heel of disfavor upon every effort to

elevate the profession to its proper plane of dignity, respectability and power in the commonwealth of Florida. So important is this bill and of such general interest to the profession, at large, that I think it should appear in full. The following is the bill as amended and endorsed by the Association.

House Bill No. 292—By Mr. Pelot.]

A BILL

To be Entitled An Act to establish a State Board of Health and County Boards of Health, and to Define their Powers and Prescribe their Duties.

Be it enacted by the Legislature of the State of Florida:

SECTION 1. That there is hereby established a State Board of Health, to consist of five members to be appointed as hereafter provided.

SEC. 2. The Governor shall, immediately upon the passage of this act, appoint, by and with the consent of the Senate, five persons, who shall be learned in medicine, to be members of said Board. The term of office of members of the said Board shall be four years each, unless sooner removed by the Governor for cause; *provided*, that the term of office of two of the members of the said Board appointed at its first organization shall expire two years from the date thereof.

SEC. 3. Within sixty days from the date of such appointments, the Board of Health shall meet at the seat of government, and shall proceed to elect one of their number as President. They shall also elect a Secretary. The terms of office of President and Secretary shall be for two years.

SEC. 4. The five members of the Board of Health shall take the oath of office and receive a commission as provided for other State officers. They shall also adopt a seal, and shall adopt by-laws regulating the transaction of business. A majority of the Board shall constitute a quorum for the transaction of business.

SEC. 5. The President of the Board of Health shall preside at all meetings, unless prevented from attendance by some cause of disability, when the quorum present shall proceed to elect a President *pro tem.*, who shall, for the time being, be clothed with the same power and authority of the President.

SEC. 6. The President of the Board of Health shall exercise general supervision over the business of the Board, and of all matters relating to the health of the State, and in case of emergency may appoint committees of investigation in cases of supposed epidemic disease.

SEC. 7. The regular meetings of the Board of Health shall be semi-annually, which time shall be fixed and determined by the Board at its first meeting, and due notice shall be given thereof by publication. They shall also meet at such place or places as shall by them be deemed best to advance the public interests and the purposes of the organization. The members of the Board of Health shall receive ten cents mileage, or mileage to and from their place of meeting, by the nearest practicable route, and four dollars per diem for each day's attendance while the Board is actually in session.

SEC. 8. It shall be the duty of the Secretary of the Board of Health to keep a correct record in book form of all transactions of the Board, and attest the resolutions and orders of the said Board by its official seal. It shall be his duty at the close of each year to make a report to the Governor of the State of the vital statistics and sanitary condition of the State, setting forth the action of the Board for the year preceding, with such other information pertinent to the duties and objects of the organization. He shall receive a salary of twelve hundred dollars annually, payable at the end of each month, to be paid in such manner as the salaries of other State officers are paid out of appropriations which may be made for the support of the State Board of Health. The State Comptroller shall also audit such bills for stationery, blank forms and blank books for records as

shall be necessary for the use of the Board of Health; also the traveling and living expenses of committees while away from their homes on official duty, which bills or accounts must be presented by the Secretary with proper vouchers annexed, accompanied by the endorsement of the President of the Board of Health; and said Comptroller shall issue warrants of same, which warrants shall be paid by the Treasurer of the State out of appropriations made for the support of the Board of Health.

SEC. 9. The State Board of Health shall have general supervision of interests of the life and health of the citizens of the State. It shall have authority to make such rules and regulations, not contrary to the laws of the State, as it may deem necessary for the preservation or improvement of the health of the people of this State. It shall direct a State system of vital statistics, and shall suggest such forms and statutes as it may deem necessary to that object, and shall provide for the registration of such vital statistics; and shall biennially transmit, within ten days after the meeting of the Legislature, an estimate of the appropriation necessary to be made for its support. Upon the occurrence of epidemics in any part of this State, and the written request of the Presidents of County Boards of Health, the State Board of Health shall take control of such infected district and act in conjunction with the County Boards of Health for the suppression thereof. When so acting, the members of the County Boards of Health shall be considered a component part of the State Board of Health, and shall vote on all measures of relief proposed. Should there be no funds under the control of such County Boards of Health to meet the expenses of such sanitary action during the prevalence of such epidemic or epidemics, whether in one or more counties, such expenses shall be paid, to the extent of not more than one thousand dollars, out of any moneys in the treasury not otherwise appropriated, upon the order of the Presidents of the State and County Boards, affixed to itemized statements thereof, duly attested by the Secretaries of both Boards.

SEC. 10. The total expenditures of the State Board of Health shall not, except upon the occurrence of epidemics, exceed the sum of five thousand dollars for each year, and shall be reported by the Comptroller in the same manner as other public accounts.

SEC. 11. The State Board of Health shall constitute a Board of Medical Examiners, for the protection of the people of the State against medical ignorance and dishonesty, and regulate the qualifications of medical practitioners of the State. They shall fix and publish a standard of graduation, which, for all applicants who propose to practice the regular system of medicine, shall include anatomy, physiology, chemistry, materia medica and therapeutics, pathology, theory and practice of medicine, surgery, principles and practice of obstetrics, medical jurisprudence and medical ethics; and for all who propose to practice medicine by other than the regular system of medicine, the examination shall include the above enumerations, except that in materia medica and therapeutics, and the theory and practice of medicine, they shall be required to exhibit a competent knowledge, according to their mode of practice. The examinations must be partly written and partly oral, and must be made in good faith toward the State, toward the medical profession and toward the applicant himself, and shall be of such character and extent as shall test fairly and impartially the real knowledge and ability of the applicant.

SEC. 12. No diploma or certificate shall be granted unless the examination is entirely satisfactory to the Examining Board, and if the Board is in doubt whether the diploma or certificate should be granted, it should be withheld.

SEC. 13. The Board of Medical Examiners may determine, and so publish, the names of any colleges requiring a high standard of graduation, the graduates of which will be accepted without examination. They may also, in like manner, accept diplomas or certificates granted by other

State Boards of Examination, but in all cases so accepted the State Board of Health shall endorse such certificate, and attach thereto its official seal.

SEC. 14. In all cases when an applicant has passed a satisfactory examination, the Examining Board shall grant such applicant a diploma in such form as they may determine.

SEC. 15. Before engaging in the practice of medicine in this State, each and every person holding a certificate and diploma, shall have the same recorded in the office of the Clerk of the Circuit Court in the county in which said person intends to practice medicine, and any person practicing medicine in this State in violation of any of the provisions of this act, or without authority from the State Board of Examiners, shall be deemed guilty of a misdemeanor, and, upon conviction before a court of competent jurisdiction, shall be fined in a sum not exceeding one hundred dollars, or imprisonment not exceeding sixty days; *provided*, the provisions of this chapter, shall not apply to women commonly known and designated as midwives.

SEC. 16. All persons who have been legally engaged in the practice of medicine in this State for a period of five years before the organization of this Medical Board shall be inscribed in the register of licensed practitioners of medicine without any examination as to qualification.

SEC. 17. There shall be established in each county in the State of Florida a Board of Health, consisting of five persons, of whom not less than three shall be legally qualified practitioners of medicine, except in counties where there may not be the required number of physicians, when the Board may be constituted with a lesser number of practitioners of medicine. The members of said County Boards of Health shall be appointed by the Governor of the State, and shall hold their office for four years; *provided*, that the term of office of two of the members of said Board, appointed at its first organization, shall expire two years from the date thereof.

SEC. 18. Every such Board shall annually elect a President and a Secretary, who shall also serve as Treasurer, and shall receive such compensation, and give such bond and security, as the Board may deem proper. A majority of such Board shall constitute a quorum for the transaction of business.

SEC. 19. Every Board of Health appointed under the provisions of this act shall be contracted with, and to obtain and dispose of property, real and personal, and do every other act necessary to the proper exercise of such powers.

All County Boards of Health shall procure seals of such appropriate design as shall be determined by the State Board of Health.

Every County Board of Health created by the provisions of this act shall have full power to act in regard to all matters pertaining to quarantine, and may at any time establish such quarantines as in their judgment are expedient for the public welfare, and prescribe such rules and regulations as may be needful for their proper enforcement. They shall appoint and suitably compensate one or more Port Inspectors, and other health officers or agents, for sanitary or quarantine purpose as they may find necessary, and who shall be subject to be removed for cause by the Board. And any person who shall hinder or oppose any such officer, agent or member of the Board, in his or their discharge of duty, shall be fined in a sum not exceeding five hundred dollars. And any person who, after the establishment of any quarantine against any port or place, shall violate the same shall be deemed guilty of a misdemeanor, and upon conviction shall be fined in a sum not exceeding one thousand dollars.

SEC. 20. The County Boards of Health shall have charge of all matters relating to the public health of the county; examine into such nuisances as tend to endanger the health of the county; to exercise a general supervision over the sanitary regulations of all the public institutions of the county, including hospitals, asylums, work-houses, prisons, penitentiaries, markets and public schools; and

shall make and enforce such rules as shall be deemed necessary for the abatement of nuisances. Any person who shall oppose any officer of the Board in the discharge of his duty, or shall refuse or willfully neglect to obey such sanitary regulation as shall be deemed necessary, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined in a sum not exceeding fifty dollars, or imprisonment not to exceed thirty days.

SEC. 21. The County Boards of Health shall have charge of all matters relating to the vital statistics of their county, and shall cause record to be made of all marriages, births and deaths occurring in their respective counties, and of any malignant, infectious, epidemic and endemic diseases that may occur in such county, and the causes thereof as may be ascertained; and shall make out full report of all such matters as may be required by the State Board of Health, ten days before the regular meetings of such State Board of Health.

SEC. 22. It shall be the duty of each practicing physician or midwife to make a report to the Secretary of the County Board of Health of all births and deaths which may occur in their practice, within ten days from the date thereof, and where no legally qualified physician or midwife has been employed, it shall be the duty of the head of such family to make such report. And it shall be the duty of the Judge of Probate or such other officer as may by law be required to keep a record of marriage certificates, to report to the Secretary of the County Board of Health all marriages occurring within the county within six days after such record. And it shall be the duty of each coroner or superintendent of any public jail, alms-house or hospital, or person acting as such, within six days after such occurrence, to make a report to the Secretary of the County Board of Health of the death of any person under his or their charge, and the cause of the death of such person. Any person herein named failing to so report shall, upon conviction, be fined in a sum not exceeding twenty-five dollars.

SEC. 23. The County Commissioners of each county in the State shall assess or cause to be assessed such taxes as are now required by law, for the expenses of the Board of Health.

SEC. 24. All laws and parts of laws in conflict with the provisions of this chapter be and are hereby repealed.

The following officers were elected for the ensuing term:

President, Dr. T. M. HICKS, of Orlando.

Vice President, Dr. D. STUART LYONS, of DeLand.

Secretary, Dr. A. W. KNIGHT, of Jacksonville.

Treasurer, Dr. T. D. FERNANDEZ, of Jacksonville.

Librarian, Dr. F. H. CALDWELL, of Sanford.

Place of next meeting, Gainesville.

PERSONAL.

It gave us peculiar pleasure to meet the venerable Dr. A. S. BALDWIN, the Nestor of Florida medicine and the father of the State Association, which assembled in his office for the first time.

Dr. BALDWIN's presence falls ever like a benediction upon the annual gathering of Florida doctors. The genial old gentleman has lived in Jacksonville since 1838. He is a graduate of the old Geneva school and an honored contemporary and personal friend of those grand old men whose names we shall ever delight to honor, but whose forms are seen among our assemblies no more. God bless our veteran doctors! May the day long be distant when we shall forget to honor them in our councils and to be faithful to the glorious heritage which they have bequeathed us.

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

The announcement of the amalgamation of the Florida Medical and Surgical Journal with the NEW ORLEANS JOURNAL was most favorably received and the profession of the State have assured me of their renewed interest in Southern journalism and of material support of the organ which is so admirably adapted to the present needs of the Association. Copies of the April and May numbers were distributed and eagerly appropriated.

T. O. S.

LEADING ARTICLES.

LEPROSY IN ST. MARTINSVILLE.

The good people of St. Martinsville have lately been aroused to a high pitch of excitement. A report had gone out, and spread among the neighboring towns and parishes, that a large number of the citizens of this beautifully situated town were afflicted with a horrible disease. So exaggerated was the rumor, and so dreaded the disease, that people who lived in the neighboring districts refused to shake hands or otherwise come in contact with friends from the proclaimed town.

And so it was that the citizens of St. Martinsville were constrained to appeal to the State Board of Health, which accordingly appointed a commission consisting of its president and secretary to investigate the facts in the case.

On the 27th of April these gentlemen proceeded to St. Martinsville, and we being interested in the matter accompanied them thither in an unofficial capacity.

An inquiry was immediately begun and some valuable facts elicited with regard to the local history of the disease from the statements and records of the aged parish priest. Regular medical investigation was not held until the following morning, when a number of visiting physicians were expected to arrive.

The results of this investigation are embodied in Dr. Holt's report of May the 3rd, which is a clear and concise statement of the case. Appended to this is a brief account of the diseased cases, signed by all the doctors present.

Too much cannot be said of the methodical and dignified, but candid manner in which the examination of a large number of persons accused of having leprosy was conducted—a policy which soon bore good fruit, for all who had it in their power to give information came forward freely, and greatly facilitated the work of the commission.

After examining a number of persons who were more or

less healthy, the physicians visited in a body the residences of eight sick persons about whom rumor murmured loudest. One of these was a gentleman suffering with a number of rodent ulcers of the face, associated with a large epithelioma on the neck, and a second case was an aggravated form of *acne indurata*.

Upon the remaining six cases opinions differed somewhat, but it was the unanimous verdict that three should be called *undoubted leprosy*, and a majority of physicians considered the remaining three cases as *doubtful*.

Two other cases of leprosy (of the tubercular form), a son and a brother of two of these doubtful cases, are now under our care at the Charity Hospital; thus making eight persons from St. Martinsville about whom suspicion is cast.

Truly, six cases of leprosy are not a great many, and not enough to produce the panic they have done!

“The mountain labored, and brought forth a mouse,” wrote one of the local physicians. Let the people of St. Martinsville see that the mouse is properly caged. Isolation seems to be the only certain method of preventing the spread of the disease, and the Mayor of the town promised to do his best to accomplish this with reference to the above mentioned cases. Of course, the doubtful cases cannot be thus strenuously dealt with; but it were only fair to them, their relatives, and the public at large, that the patients themselves should know of the suspicion, in order so to rule their actions as to subject their associates to the smallest amount of danger. How great the danger is from leprosy we are not prepared to say, but we advocate isolation for the same reason that the boy kills the snake, because it *might be poisonous*.

The situation was a trying one for the physicians of St. Martinsville, for they were compelled to expose their private patients to public scrutiny at the risk of having their motives misinterpreted; but it is the moral influence of men like these which can so sway public opinion until it enforce a rigid law of non-intercourse against the unfortunate *few* for the good of the *many*.

THE QUARANTINE SERVICE ON THE LOWER MISSISSIPPI.

On May 6, 1887, the Louisiana State Board of Health made its annual inspection of the quarantine stations on the Mississippi River, below New Orleans. Invitations to accompany the Board on its tour of inspection were kindly extended to members of the press, including the JOURNAL, to the Commission of Medical Experts for the Diagnosis of Yellow Fever and Cholera, and to gentlemen interested in sanitary affairs.

Last February the disinfecting apparatus at the Upper Quarantine Station was entirely destroyed by fire. The disaster occurred such a short time before the opening of the usual quarantine season, that it was feared that new disinfecting apparatus could not be fitted up in time; but the prompt and vigorous action of the Board of Health, ably seconded by the efforts of Col. Jno. W. Glenn, architect and engineer, has resulted in the erection of appliances which far surpass in efficiency and rapidity of operation, those that were destroyed by fire.

The party of inspection first witnessed the disinfection, at the Upper Quarantine Station, of the Spanish bark *España*, of about 900 tons burden, six days out from Havana. A powerful tug, regularly in the quarantine service, towed the bark from her anchorage near mid-stream to the side of the spacious quarantine wharf. While moored to the wharf, the vessel was subjected to a most thorough course of disinfection. This comprised:

1st. Washing of surfaces (of hull and decks) and saturation of ballast with a solution of bichloride of mercury (1 to 1000).

2d. Fumigation of entire vessel (and cargo, if any) with sulphurous oxide.

3d. Heating of clothing, baggage, etc., to a temperature of not less than 240°.

An iron tank with a capacity of 8000 gallons has been erected on posts 50 feet above the level of the river, at the

side of the wharf. Enough corrosive sublimate is added to the water in the tank to make a solution of 1 to 1000. A long hose leads from the tank to every part of the ship, the sides, cabin, etc., of which are liberally treated to a bath of the bichloride. The bilge is pumped out and subsequently flooded with the bichloride solution. After this sulphur fumes are forced through every part of the vessel by means of a powerful revolving fan connected with a furnace. The apparatus is placed on board the quarantine tug. The furnace consists of a series of nine furnaces,* open at one end, into which air is drawn, and connected at the other with the revolving fan, which has a maximum capacity of 12,000 cubic feet per minute; in each furnace is an iron pan, three feet long, one foot wide, and an inch and a half deep. These pans are filled with roll-sulphur; the fan is set in motion, and the sulphur ignited. A large amount of sulphurous oxide is thus generated; and, by means of the fan, it is forced through a large pipe of zinc or asbestos into every part of the hold of a vessel. Where a vessel is divided into several distinct compartments each compartment receives a separate fumigation.

The fumigation is most thorough. The fumes penetrate into every nook and corner. Not a rat nor an insect is left alive in the vessel. One captain declared that it was worth more than the expenses of quarantine to have his vessel cleared of vermin.

If any leak or crevice exist in any part of the vessel above the water-line, the fumes are seen issuing forth in a steady stream. The amount of sulphur used for the generation of the sulphurous oxide varies for different vessels; the smallest amount ever used is one hundred and fifty pounds of roll-sulphur; the largest, five hundred pounds. The fumigation lasts for from two to four hours, according to the size of the vessel, the number of compartments, etc.

* Since writing the above, the nine pans have been increased to eighteen pans, thus doubling the capacity of the furnace. The eighteen pans have an aggregate surface of fifty-four square feet, on which burning sulphur is exposed to the air. Eighteen pans consume a minimum quantity of 165 pounds of roll-sulphur per hour. The fan is run at the rate of 800 revolutions per minute, forcing into a vessel 180,000 cubic feet of air per hour.

Any lurking germs that may be trying to smuggle themselves into New Orleans on the hull of a vessel have certainly to run the gauntlet in their endeavor. They are first treated to bichloride of mercury ; after copious bathing with a solution of this substance they are overwhelmed with the persistent attentions of sulphurous oxide — for even after the fumigating fan stops working the hatches are closed and the fumes are kept in the hold all night.

When a vessel is filled with cargo, the fumes are forced everywhere between the packages. Last year, by way of experiment, a shallow dish filled with rain water was placed in the heart of a cargo of coffee under a column of bags. Six bags were removed. The dish was placed on the seventh, and the six bags put in place again, the lowest being placed immediately over the dish. The hatch was closed and the fumes were forced into the hold through another hatch seventy feet distant. After two or three hours of fumigation, the dish was removed and the water had a decidedly acid taste ; it was further examined by Mr. Wright, a druggist of New Orleans, who found a considerable quantity of sulphurous oxide in the water. The sulphurous oxide was absorbed by the water ; but to reach the water *it must have passed between the individual grains of coffee*. Of the thoroughness of the method of fumigation there can be no doubt.

While the vessel is being treated, the passengers and crew are loading their clothing on a car that carries its load to the heating chamber, about four hundred feet from the wharf. This heating-chamber is constructed on the ground-floor of the Government warehouse, the use of which has been kindly tendered to the Board by the Federal Government. The chamber is sixty feet long, ten feet wide, and eight feet high. Along its front are seen forty panels, each eighteen inches wide, to the inner side of which are attached six horizontal wooden rails, each ten feet long, and attached at the other end to another panel. The panel can be pulled out ; it slides on an iron rod overhead running from the heating-chamber to the other side

of the room. The employes pull out the panels and hang the clothes on the wooden rails. There are 2400 feet of rails for hanging clothes on — enough to accommodate a large crew. When all the panels are pushed back again, the chamber is almost air-tight. The floor and walls of the chamber are lined with zinc, felt, and asbestos cloth. On the floor of the chamber 5460 feet of $\frac{3}{4}$ inch iron pipe are laid. Steam is passed through this tubing from a strong 40-horse power steel boiler, specially built for the quarantine service. A 1-inch pipe 60 feet long runs along the middle of the floor of the heating-chamber; this pipe is perforated by eighty holes (each $\frac{1}{8}$ inch in diameter). The 5460 feet of tubing raises the temperature (dry) of the chamber to 230° F. The clothing is then put in. When the chamber is closed, steam from the steel boiler is turned on through the pipe along the middle of the chamber and eighty jets of steam convert the dry heat into a moist heat. In the case observed by the party of inspection, the temperature rose in four and a half minutes from 230° to 240°. The dunnage was subjected to this temperature for fifteen or twenty minutes. At the end of this time the panels were drawn out. The clothing is so hot that the moisture evaporates almost explosively. A piece of cloth retains the same shape that it had at the beginning of the heating. It is said that an ironed shirt, after evaporation of the steam, is as glossy as before being heated. Silk, satin, velvet and other costly fabrics have by way of experiment been subjected to this treatment, not once only, but four times in succession, without suffering the least injury.

The authorities say that the clothing that the sailors wear during the heating is changed and treated; but we did not remain long enough to witness it. One end of the room can be shut off from the rest; this is for the accommodation of lady-passengers, who are assisted by a woman in attendance.

The system of maritime sanitation as now enforced by our State Board of Health is most complete, and is without

a parallel in any other part of the globe. Its inauguration and improvement to its present standing are mainly due to the efforts of the present President of the Board of Health, Dr. Joseph Holt.

After inspecting the working of the system, the party went to *Passe-à-l'Outre*, where is located the Lower Quarantine Station, to which infected vessels are remanded. This station is two miles from the Head of the Passes, just out of the current of trade. A resident physician is stationed there, who has a telegraph operator and station force. All the quarantine officers have the telegraph at their command. The Lower Station has a well furnished hospital for infected persons. The Pass has a depth of water varying from 40 to 90 feet. At the edge of the wharf there is a depth of 40 feet. Vessels are rigorously disinfected at the Lower Station, where they are detained until their freedom from infection is assured.

At Port Eads a quarantine officer is stationed, whose duty it is to board all vessels on arrival in the Mississippi, and inspect the crew and passengers. If all on board be healthy, the vessel if from a quarantined port is allowed to pass to the Upper Quarantine Station, where she is disinfected as described above, and detained for a period varying from one to five days, according to the health of the port from which she cleared, etc. If persons affected with any infectious disease be found aboard, the vessel is remanded at once to the Lower Quarantine Station, where she is detained until she is disinfected, and until sickness disappears.

THE BILOXI FEVER.

In *Gaillard's Medical Journal* for April, Dr. A. Parker Champlin, of Bay St. Louis, Miss., gives the results of his observations upon the fever prevalent at Biloxi last fall.

We do not recall this matter now for the purpose of advertising the fact that that beautiful little village was

stricken with an infectious disease, but simply to remind our Board of Health of its very palpable error on that occasion and, if possible, to place it on its guard against similar mistakes this season. It is not the office of our energetic and impetuous President to act as a committee of one on such occasions. He announced in a very forcible and public manner that he had appointed a Board of Experts, and an excellent one it was too, but he took the very first opportunity for their good services to ignore them and act for them. As Dr. Champlin in effect points out, this was the cause of all the ill feeling engendered, as well as of the uncertainty as to the nature of the fever. Let our President, who is an excellent executive officer, and whose reputation as the founder of the only truly scientific quarantine system is world-wide, consistently follow out his original plan of detailing such matters to his appointed experts. When such men as Drs. Davidson, Holliday, and the other excellent members of the Board of Experts, render him a report, he can execute such measures as the necessities of the case demand with the firm assurance that the whole profession and public will be with him.

TREATMENT OF PULMONARY TUBERCULOSIS BY SUBCUTANEOUS INJECTIONS OF EUCALYPTOL.

Tuberculosis has always claimed a great share of the attention of the medical world on account of its frightful ravages among the human family. Tuberculosis, in its various manifestations, perhaps causes almost as great a number of deaths as all other diseases combined; and the most fatal and common phase it assumes is pulmonary tuberculosis. The interest attached to this subject is evidenced by the avidity with which new methods of treatment are received and tried by the profession. It is but just that any procedure that offers even a faint hope of

amelioration, should be thoroughly tested. The method of opposing one microorganism to another (bacteriotherapy) for the purpose of annihilating the disease-germ has been tried with varying success. A recent number of the *Gaceta Medica Catalana* brings us news of the failure of the treatment of pulmonary tuberculosis with cultures of the *Bacterium termo*, at the hands of Dr. Bassols Prim. Another issue of the *Gaceta* gives us an abstract from the *Gazette des Hôpitaux*, in which is described the method pursued by Dr. J. Roussel, in Paris. Several years ago he gave hypodermatic injections of extract of eucalyptus dissolved in water; but he found that the odor of the drug could scarcely be detected in the breath. The philosophy of his treatment is this: the drug is absorbed by the blood, and exhaled from the bronchial mucous membrane; and, as it passes through, it exerts its action upon the diseased tissue. As the aqueous solution was too weak, Dr. Roussel employed the essence of eucalyptus, which strongly impregnated the breath, but it unfortunately caused the patients great pain. In 1883, Roussel saw at the Exposition of Vienna a eucalyptol distilled many times, from which was separated by decantation and filtration a bitter, acrid resin, which was limpid and transparent, and possessing a finer and sweeter taste than all other essences. Roussel continued his experiments with this highly refined eucalyptol; the injections were not painful, they were easily borne, and produced no general disturbances.

After various trials, made in consumptives of all kinds and conditions, Roussel fixed upon the following treatment: During the first week he gave a daily injection of 0.20 or 0.30 cc. of eucalyptol; afterwards, three times a week, he gave an injection of 0.30 to 0.40 (from 5 to 6½ minims), increasing the dose to 0.80, (12 minims), which he considers it useless to pass, but it may be increased to 1 gram (15 minims) without inconvenience. The injection should always be subcutaneous, under penalty of causing great pain. Roussel prefers the hip as

the place for making the injections. Three or four minutes after the eucalyptol is injected, the patients say that they detect in the mouth and nose the characteristic odor of the drug, which lasts for five or six hours during the first few days, afterwards becoming persistent.

At about the sixth or tenth injection as a general rule the sputa change from greenish, grayish, or reddish, heavy or viscid to white or pale yellow, and become liquid, frothy, and are easily expelled. The attacks of cough diminish in frequency and violence. The disagreeable, fetid odor which issues from the mouths of the patients ceases. The patients swallow better, they eat with more appetite, they sleep all night through, and move about more. They observe the change, and are encouraged by it. The breathing improves, and percussion does not give a dull sound in places formerly consolidated; the abnormal auscultatory sounds likewise diminish. Microscopical examination shows that the bacilli tuberculosis decrease in number after about thirty injections; after three months' treatment no bacilli are observed at all.

Roussel's experience is certainly remarkable; and his method undoubtedly demands recognition and trial on the part of other physicians.

Wm. B. Lillard, formerly acting as solicitor for advertisements for this JOURNAL, is no longer connected with it. In all business our patrons will please communicate direct with this office. Receipts for money paid should invariably come from this office.

A second fire on May 22d, at the quarantine station, in the heating chamber, destroyed the clothing, bedding and furniture of the steamship Haytien, but fortunately inflicted only slight damage to the building itself. Although the temperature in the chamber was about 230°, it is thought that matches in the greasy clothing of the sailors caused the fire. A similar explanation was given of the first fire.

Telegrams to the daily papers announce the occurrence of two cases, both fatal, of yellow fever in Key West, Fla. They were in the persons of a man and his wife and were said to be due to bedding imported from Havana. The husband was taken sick about the 20th and died with the black vomit on May 23. The woman fell ill shortly after her husband and died under similar conditions the same day. The President of the Louisiana Board of Health has written to the Governor of Florida urging sanitary precautions, and threatening strict non-intercourse should this warning be disregarded.

MARRIAGES.

DR. J. S. LANGWORTHY, of Clinton, La., to Camille A. Prager, daughter of the late Chas. E. Prager, of New Orleans, on Thursday, April 28, 1887.

DR. G. B. THORNTON, President of the Taxing District (Memphis) Board of Health, was married during the recent session of the Tennessee State Medical Society to Mrs. G. A. Henry, of Nashville, Tenn.

Deaths.

DR. E. A. WHITE, one of Memphis' oldest and most esteemed physicians, died at his home in that city, April 31, 1887.

DR. WM. C. READ (class of 1886, Memphis Hospital Medical College) died at his home in Brownsville, Tenn., April 7, 1887.

On Saturday, April 30, 1887, DR. EDWARD HASSE, who for many years had practised as an oculist in St. Louis, Mo., blew out his brains with suicidal intent. The suicide was most deliberate in every respect, and carried out with that attention to detail which had been a marked characteristic of the man in all the affairs of life, and which had enabled him to amass a fortune variously estimated at from

two to three hundred thousand dollars. He made out his own burial certificate in due form, wrote his will and had it properly attested, and in short, made every arrangement to facilitate the burial of his body and the settlement of his estate. The deceased was a German by birth, but had been in St. Louis for a great many years. He was a bachelor, rather eccentric in his habits, but said to have been skillful in his specialty. The immediate cause of his act was mental depression, arising from ill health. — *St. Louis Med. and Surg. Journal*.

DR. HENRY WILE, of Atlanta, Ga., died on Monday, April 11, 1887, on the train between Chicago and Rochester, his home, whither he was bound from Denver, visited in the vain hope of improving his health. Dr. Wile was but 28 years of age. He graduated from the University of Rochester in 1879, from the medical department of the University of Pennsylvania in 1882, and visited Europe for the purpose of studying diseases of the skin. A few years ago he settled in Atlanta, where he became lecturer on Dermatology in the Atlanta Medical College, and was rapidly securing an enviable reputation. He was a constant and able contributor to the *Atlanta Medical and Surgical Journal* (whence we obtain these data), and at the time of his death had in preparation a book on skin diseases.

DR. MORITZ SCHUPPERT — On Monday, May 2d, at half past four o'clock in the afternoon, the last and not the least notable of a most notable group of physician friends passed away. Choppin, Brickell and Bruns had years before reached the bourn and crossed over the dark river; Beard had abandoned practice and gone to live in Boston; Schuppert, broken in health but not in spirit, toiled on alone. Sad, weary, uncomforted and uncompanied, it is no small consolation to think that for years he had longed for the rest he found at last.

Moritz Schuppert was born in Marburg, Germany, nearly seventy years ago. His father being in comfortable

circumstances, he received a good education, studied medicine, graduated, married, and came to New Orleans, poor and unfriended, but endowed with great native ability and a knowledge of the science of medicine far in advance of that possessed by most American physicians of that day. These advantages were not long in making themselves felt. In 1853 he served with distinction in the great yellow fever epidemic of that year, and became a visiting surgeon to the Charity Hospital, where for years he fulfilled his duties with exactness and enthusiasm. In 1854 he was city physician, and in 1859, having been recognized by a coterie of rising young physicians, who saw in him a man after their own hearts and an ally of ability, he established in conjunction with the late Samuel Choppin an Orthopædic Institute at 179 Carondelet street, which continued in successful operation for many years. From this time Dr. Schuppert's future was assured; he rapidly became one of the most distinguished surgeons and prominent citizens of that great city, to which he had come years before poor, unfriended, ignorant of the very language of her people. He performed large numbers of great surgical operations; he became especially skillful in the treatment of many deformities; he was a vigorous and tireless writer, a thinker and an incitor of thought in others. So he lived his life. In this day of universal cant when the same wretched commonplaces are flung with the funeral flowers upon the graves of the just and the unjust alike, it is hard to find words in which to speak of the friend we have lost. Dr. Schuppert was the last man in the world to have tolerated this iniquity, and the pen of his biographer should guard itself well from lying words. In simple truth then, this was a man of rugged individuality, of strong prejudices, of bitter hates, of deep-rooted convictions, which, like his countryman Luther, he would have dared maintain against the world. Through all his long life he knew the unutterable sorrow of hiding beneath an abrupt and repellant manner and a stern exterior a spirit as sensitive as a woman's, a

heart as tender as a child's. His affection for his friends was an overmastering passion, and when they were torn away none others sprang in their places, and the wounds though hidden reached to the vitals, and though none might see the bloody drops, they fell heavily from the heart's very core. High-strung, hating meanness and falsehood, battling as best he knew for the true and the just, we hardly know the vast influence for good of such a life until it passes away from us forever.

MEDICAL NEWS AND MISCELLANY.

Our friend, Dr. D. B. Frountis, writing to us from Wadesboro, says: "I had only seen one copy of your JOURNAL, previous to the one sent, and was so well pleased with it, that I desired to add it to my list. Viewed as to amount of original matter or general get up and typographical execution, it is the best Medical Journal I have seen published South of Philadelphia." Words like these go straight to the Editor's heart. Yes, friends, we know that we have a good journal, and if you will give us your subscriptions, your papers and reports of cases (our subscription list covers the whole South now, and our exchange list the whole world, so you are not hiding your light under a bushel), we will make the JOURNAL a hundred per cent. better than it is, and give the profession of the South an organ powerful enough to force a recognition of our contributions to medical science and art from the most reluctant.

Dr. George H. Noble, of Atlanta, "our own correspondent," has removed to Anniston, Ga. We hope and believe, however, that he will continue to keep us posted on matters medical in that State.

The thirty-eighth annual session of the American Medical Association, will be held in Chicago, on Tuesday, Wednesday, Thursday and Friday, June 7, 8, 9 and 10, beginning Tuesday at 11 A. M.

MORTUARY REPORT OF NEW ORLEANS

FOR APRIL, 1887.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial, unclassified	3	3	6	.....	3	3	6
“ “ Typho.....	1	2	3	.....	3	.....	3
“ Congestive.....	3	4	4	3	5	2	7
“ Continued.....	.....	.....	.....	.....	.....	.....	.....
“ Intermittent.....	.....	.....	.....	.....	.....	.....	.....
“ Remittent.....	3	.....	1	2	2	1	3
“ Catarrhal.....	1	.....	.....	1	.....	1	1
“ Typhoid.....	1	.....	.....	1	1	.....	1
“ Puerperal.....	.....	3	.....	3	3	.....	3
“ Cerebro-Spinal.....	1	.....	1	.....	.....	1	1
Scarlatina.....	.....	.....	.....	.....	.....	.....	.....
Small-pox.....	.....	.....	.....	.....	.....	.....	.....
Measles.....	2	.....	2	.....	.....	2	2
Diphtheria.....	9	1	5	5	.....	10	10
Whooping Cough.....	.....	.....	.....	.....	.....	.....	.....
Meningitis.....	12	7	10	9	4	15	19
Pneumonia.....	25	25	29	21	25	25	50
Bronchitis.....	9	3	10	2	2	10	12
Consumption.....	27	29	27	29	54	2	56
Congestion of Brain.....	5	1	3	3	4	2	6
Diarrhœa.....	8	7	6	9	10	5	15
Cholera Infantum.....	20	6	6	20	.....	26	26
Dysentery.....	4	2	4	2	4	2	6
Debility, General.....	3	1	3	1	4	.....	4
“ Senile.....	16	8	12	12	24	.....	24
“ Infantile.....	8	5	10	3	.....	13	13
All other Causes.....	163	87	140	110	163	87	250
TOTAL,	324	194	282	236	311	207	518

Still Born Children—White, 15; Colored 14; Total 29.
 Population of City.—White, 176,500
 “ “ Colored, 66,250

Total, 242,750

Death rate per 1000 per annum for month.—White, 22.02.
 “ “ “ “ “ “ Colored, 35.13.

“ “ “ “ “ “ Total, 25.60.

W. H. WATKINS, M. D.,

Chief Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—APRIL.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in in. & Hund.	GENERAL ITEMS
		Mean	Max.	Min.		
1	30.068	56.3	64.5	48.5	.02	Mean Barometer, 30.022.
2	30.154	57.5	68.3	49.4	....	Highest Barometer, 30.265, 9th.
3	30.135	61.0	73.0	49.4	....	Lowest Barometer, 29.659, 17th.
4	30.129	66.9	76.8	56.3	....	Monthly Range of Barometer, .606.
5	30.220	59.7	67.0	55.0	....	Mean Temperature, 67.9.
6	30.191	62.8	73.3	52.7	....	Highest Temperature, 86.8, 22d.
7	30.148	68.1	79.2	58.7	....	Lowest Temperature, 48.5, 1st.
8	30.226	65.5	72.5	61.8	.22	Monthly Range of Temperature, 38.3.
9	30.254	62.9	69.6	60.2	....	Greatest daily range of Temp. 24.8.
10	30.206	63.3	72.7	57.9	....	Least daily range of Temp're, 9.4.
11	30.172	65.0	75.4	54.9	....	Mean daily range of Temperature, 17.6.
12	30.113	67.3	79.8	55.0	....	Mean Daily Dew-point, 57.0.
13	30.030	69.4	80.3	58.2	....	Mean Daily Relative Humidity, 71.4.
14	30.020	70.0	78.0	63.0	....	Prevailing Direction of Wind, S.
15	30.022	72.2	75.0	64.1	....	Highest Velocity of wind and direction,
16	29.911	72.6	83.8	66.8	....	28., S. W., 22d.
17	29.688	74.1	83.3	64.9	....	Total Movement of Wind, 5548 miles.
18	29.753	72.9	82.0	67.8	....	No. of clear days, 15.
19	29.973	66.8	76.7	58.0	....	No. of fair days, 14.
20	30.051	70.5	83.0	59.1	....	No. of cloudy days, 1
21	29.954	73.6	83.8	62.9	.06	MEAN TEMPERATURE FOR THIS MONTH IN
22	29.814	75.3	86.8	72.8	....	1873.....67.0 1881.....67.2
23	29.866	68.5	75.5	66.0	1.26	1874.....65.6 1882.....72.5
24	29.872	64.3	72.0	59.8	.28	1875.....65.3 1883.....71.4
25	29.833	64.9	74.0	57.4	.03	1876.....67.1 1884.....68.2
26	30.058	66.8	76.0	59.0	....	1877.....68.6 1885.....70.5
27	30.072	68.5	80.0	58.4	....	1878.....67.4 1886.....65.6
28	29.926	74.1	85.2	63.0	....	1879.....67.9 1887.....67.9
29	29.909	76.2	84.7	71.0	....	1880.....71.2
30	29.886	76.3	86.6	70.0	....	TOTAL PRECIPITATION (IN INCHES AND
31	....	....	....	....	....	HUNDREDTHS) FOR THIS MONTH IN
Sums	....	....	....	....	1.87	1873.....1.74 1881.....3.92
Means	30.022	67.9	....	....	....	1874.....13.62 1882.....4.83
						1875.....8.05 1883.....14.20
						1876.....6.41 1884.....6.48
						1877.....4.79 1885.....3.67
						1878.....1.51 1886.....5.60
						1879.....9.17 1887.....1.87
						1880.....6.88
						Dates of Frosts { Light, o.
						{ Killing, o.

M. HERMAN, *Sergeant Signal Corps, U. S. A*

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Bovinine alone, or as an adjuvant to the milk diet ordinarily employed, is of the greatest benefit in either the acute stage of the disease or during convalescence from it as it is readily borne by the weakest stomach, and is acceptable to the taste of every patient.

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Fluid Hydrastis is applicable to the treatment of all irritable, inflammatory and ulcerative conditions of the mucous tract.

This statement of a well-known medical writer and journalist has become axiomatic:

“No remedy for physician’s use has been received with such universal approval.

Solution Bismuth and Hydrastia—MERRELL.

An invaluable and scientific combination wherein the beneficial action of the white alkaloid is increased by association with Bismuth. This solution contains $2\frac{1}{2}$ grains of the double Citrate Bismuth and Hydrastia; twenty-five per cent. of which is Hydrastia Citrate.

The cordial reception accorded this preparation marks it as the most valuable combination in the market in which the white alkaloid alone represents the valuable properties of the drug. Used in diseases of the nasal passages, of the eye, of the throat, of the stomach and intestines, of the reproductive organs and bladder, it is equally beneficial.

Colorless Solution of Hydrastia—MERRELL.

This is a permanent solution of the white alkaloid without the addition of any other medicinal agent to modify or increase its action. It is offered without special recommendation to meet the views of a limited number of physicians, with whom the color of the Fluid Hydrastis is an objection. This solution contains in one fluid pint, the same proportionate strength of white alkaloid as exists in an average quality of crude root.

See notes above on Solution Bismuth and Hydrastia.

“Merrell’s Hydrastis Preparations” are for sale by Wholesale Druggists throughout the United States. Please specify “Wm. S. M. Chem. Co.” in ordering or prescribing.

THE WM. S. MERRELL CHEMICAL CO.

Cincinnati.

READING NOTICE.

J. LINDSAY PORTEOUS, M. D., F. R. C. S. M. R. C. P. ED.

In the April No. of the Edinburg Med. Journal says:

OF late there has been a great influx of new drugs, some of great value, others of little or no use. Where a medical man has an extensive practice, consisting of rural and urban patients, he has ample opportunity of testing the effects of drugs, as the varieties of disease that come under his notice are great; and although his means of watching the actions of drugs are not so good as in hospital practice, yet a good deal can be done if he cares to take a little trouble to "take notes."

The following is one which has been used for some time by my colleague (Dr. Proudfoot) and myself, and I give the results:—

BROMIDIA.—About eighteen months ago a friend of mine from America told me of the wonderful effects of a medicine, much used in the States, called, **BROMIDIA.** According to the makers, it is composed of chloral hydrate, 15 gr.; potassium bromide, 15 gr.; extract of cannabis indica, $\frac{1}{8}$ gr.; and extract of hyoscyamus, $\frac{1}{8}$ gr. I obtained some, and have ordered it regularly for over a year; and have found it excellent in the pain of rheumatism, pneumonia, and cancer; also the sleeplessness of scarlatina and alcoholism. It has never failed me in procuring sleep, without the disagreeable dreams and after-effects of opium. The dose is 3ss. to ʒj. every hour till sleep is procured. I have also found it of much service in cases of tonsillitis, used as a gargle with glycerine and carbolic acid.

AUSTIN, Texas, February 21st, 1886.

Mr. JOHN BARRY—Dear Sir: Your Thermometer was received to-day. It is a beauty. I shall prize it very highly—a patient may die if the correct temperature is not known. I prize it for its accuracy.

Yours truly,

F. E. DANIEL, M. D.

NORTHWESTERN LANCET.

EDITOR OF NORTHWESTERN LANCET:

Not long since I had brought to me a child of six months, suffering from the following symptoms:

Constipation, at times irregular action of bowels, regurgitation of food and an asthmatic cough. Its mouth was full of thrush sores, and its appearance one of poor nourishment.

It had been given a number of Infants' Food in vain, one of which I prescribed myself.

By means of mild medication, directed towards the cough and stomach, something was accomplished. Finally I gave "CARRICK'S SOLUBLE FOOD," and had the satisfaction of having it retained, and at last accounts the child was doing nicely.

I am inclined to think this food is worthy of attention on the part of the profession.

It recommends itself in that it contains caseine, rendered soluble by pancreatine, starch converted into dextrine and maltose. Hence it requires but little preparation, and that is so simple, mistakes cannot occur.

It requires no addition of milk.

It has the advantages and none of the disadvantages of the many foods now in the market, and forms a nearly physiological substitute for mother's milk.

Very truly,

C. F. DENNY.

ST. PAUL, June 1, 1886.

Dr. Livezey writes: "While wintering in Florida I met with my annual patient, a young lady of twenty-eight, from Chicago, who was sent hither three or four years ago in order to pass out into the "spirit land" comfortably, who now being troubled with poor appetite, a slight but distressing nausea, great debility, irregular menstruation, excessive cardiac action on the least exertion, etc. I ordered 1 oz. bottle of Lactopeptine of the N. Y. Pharmacal Association's manufacture and she improved at once. Soon after she met a lady friend, who told her she ought to take Lactopeptine, stating what wonders it had done her, who was troubled "just the same way" (of course). "Why, bless me," said my patient, "that is just what my doctor prescribed for me and I am doing nicely." By the time she finished the small vial she declared she never felt better in her life, her appetite being regular and everything O. K.

N. B.—She has taken since Lactopeptine, Elixir, Calisaya, Iron and Bismuth, with excellent results.—*The Medical Summary.*

BROMIDIA

FORMULA.—Every Fluid drachm contains 15 grs. EACH of pure Chloral Hydrat, and purified Brom. Pot. and $\frac{1}{2}$ gr. EACH, of gen. imp. ext. Cannabis Ind. and Hyocyam.

DOSE.—One half to one fluid drachm in WATER or SYRUP every hour until sleep is produced.

BROMIDIA IS THE HYPNOTIC PAR EXCELENCE.

It produces refreshing sleep, and is exceedingly valuable in sleeplessness, nervousness, neuralgia, headache, convulsions, colics, etc., and will relieve when opiates fail. Unlike preparations of opium it does not lock up the secretions. In the restlessness and delirium of Fevers it is absolutely invaluable. BROMIDIA is endorsed and prescribed by the leading Physicians in Europe and America.

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Cosmoline (Unguentum Petrolei) melts at about 100° Fah. (38° Cent.); and boils at about 625° Fah. (329° Cent.); its specific gravity is about 0.875 at 60° Fah.

As it contains no oxidizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.

291 MADISON AVENUE, NEW YORK, February 26, 1878.

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ALFRED C. POST, M. D., LL. D.,

*Emeritus Professor of Clinical Surgery in the University of New York,
Visiting Surgeon to Presbyterian Hospital, etc.*

218 SOUTH SIXTEENTH ST., PHILADELPHIA, July 7, 1880.

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Very respectfully yours,

FRANK WOODBURY, M. D.

Physician to German Hospital.

Messrs. E. F. HOUGHTON & Co.:

PHILADELPHIA, July 10, 1880.

I have for a number of years made extensive use of Cosmoline (Unguentum Petrolei) and consider it a most valuable article for surgical purposes. Either as a dressing by itself or as a vehicle for the application of medicaments, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature.

Yours truly,

JOHN H. PACKARD, M. D.

Messrs. E. F. HOUGHTON & Co.:

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Yours truly,

JOHN V. SHOEMAKER, A. M., M. D.

Physician to the Pennsylvania Free Dispensary for Skin Diseases.

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
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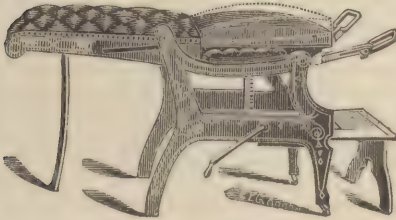
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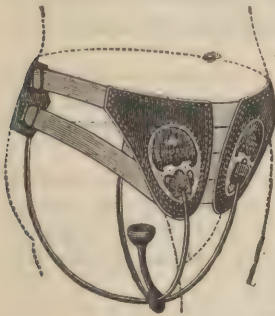
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
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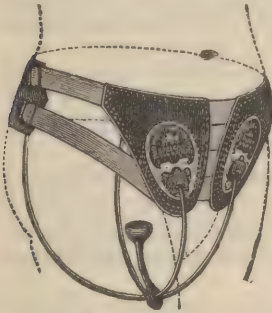
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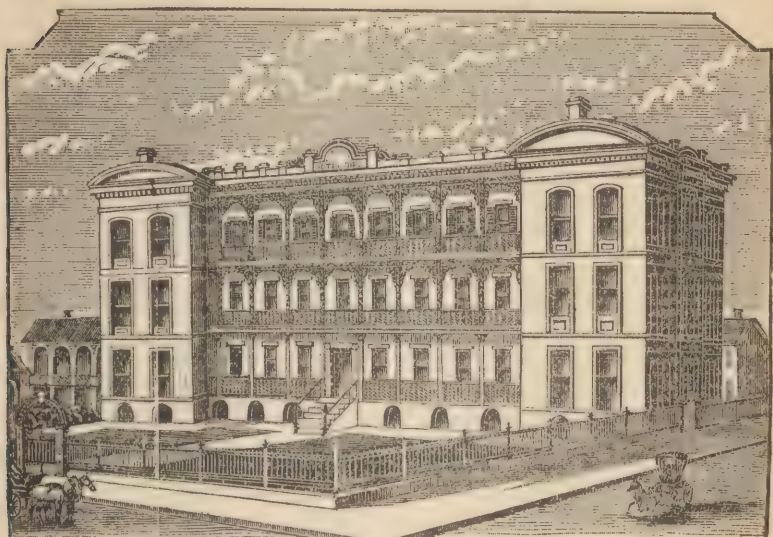
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The Hotel Dieu is a private hospital or infirmary, under the care of the Sisters of Charity. The rooms are comfortably and neatly furnished, and patients live as privately as they desire. Meals are served in the rooms without extra charge. The wards for men, and also those for women, are large and well ventilated, offering comfortable accommodations, at a moderate cost, to persons occupying the same room. Meals to ward patients are served separately.

The building has recently been thoroughly repaired, and the household furniture entirely renovated. To the sick and injured are offered the conveniences of a modern hospital; to the incurable and infirm, a comfortable home. The institution is under the general management of the Sisters of Charity, and the inmates under their special care and protection. The Physician in Charge visits the house twice daily, morning and afternoon.

TERMS:—Private Rooms, per day, \$2 00 to \$5 00; Beds in wards \$1.00 per day. These terms include board and lodging, nursing, medicines, etc., and the attendance of the Physician in Charge, (except in the more important surgical cases). Patients, at their own expense, may employ any other physician of good standing.

For further information address the Sister Superior, or the Physician in Charge, Hotel Dieu, New Orleans, La.

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Friedrichshall.

THE WELL-KNOWN APERIENT MINERAL WATER.

IMPORTANT NOTICE.

By reason of an improved method of caption, by which dilution is avoided, FRIEDRICHSIALL WATER will be found now to be of *considerably greater strength* and *efficacy* than heretofore.

The ordinary dose is a large wineglassful (4 ounces). Most efficacious when taken fasting and mixed with an equal quantity of hot water.

“*I know nothing at all equal to Friedrichshall. The LONGER it is taken the SMALLER is the quantity necessary to effect the purpose.*”

Sir HENRY THOMPSON, F. R. C. S., London.

OF ALL DRUGGISTS AND MINERAL WATER DEALERS.

Fluid Forms of Hydrastis.

The reputation of this drug as a therapeutic agent was first gained, through its employment in the form of an *infusion*; and in the fifty years following its introduction into medical practice, a continuous effort has been made by manufacturers to perfect a preparation which would represent all the active principles of the drug, without the high price of the salts, either alone or in combination.

The most prejudiced writers on *Materia Medica*, accord to the late Wm. S. Merrell the largest share of credit in the introduction of Hydrastis preparations, and to the present organization the reputation of being the *largest consumers of the drug in the world*. For more than a half-century, Hydrastis has been made a study in our laboratory, and we do not think we exaggerate its importance when we assert that, it stands pre-eminent to-day as the most valuable exponent of our vegetable *Materia Medica*.

The following preparations *in fluid form* are receiving our special attention at this time:

Fluid Hydrastis—MERRELL.

Is what its name implies—the active, medicinal principles of the drug in natural combination and in a fluid form. It has a bright, yellow color, perfectly clear, free from sediment, and with an unmistakable odor of the *fresh* drug.

Fluid Hydrastis is a pure, neutral solution of the alkaloidal constituents of the drug, rejecting the oil, gums, irritating and offensive resin, and inert extractive matters. The success attending its introduction is the best evidence of its therapeutic value.

Unsuccessful imitations and would-be substitutes are met with on every hand. Preparations said to be “just as good” or “about the same thing,” but always “a little cheaper,” attest the wide-spread and growing popularity of Fluid Hydrastis. All such, compared with the latter as to physical appearance or as representatives of the drug, *are condemned*; dispensed in prescriptions, *they are readily detected*; tested therapeutically, they are *promptly rejected* as unworthy of confidence.

Fluid Hydrastis is applicable to the treatment of all irritable, inflammatory and ulcerative conditions of the mucous tract.

This statement of a well-known medical writer and journalist has become axiomatic:

“No remedy for physician’s use has been received with such universal approval.

Solution Bismuth and Hydrastia—MERRELL.

An invaluable and scientific combination wherein the beneficial action of the white alkaloid is increased by association with Bismuth. This solution contains $2\frac{1}{2}$ grains of the double Citrate Bismuth and Hydrastia; twenty-five per cent. of which is Hydrastia Citrate.

The cordial reception accorded this preparation marks it as the most valuable combination in the market in which the white alkaloid alone represents the valuable properties of the drug. Used in diseases of the nasal passages, of the eye, of the throat, of the stomach and intestines, of the reproductive organs and bladder, it is equally beneficial.

Colorless Solution of Hydrastia—MERRELL.

This is a permanent solution of the white alkaloid without the addition of any other medicinal agent to modify or increase its action. It is offered without special recommendation to meet the views of a limited number of physicians, with whom the color of the Fluid Hydrastis is an objection. This solution contains in one fluid pint, the same proportionate strength of white alkaloid as exists in an average quality of crude root.

See notes above on Solution Bismuth and Hydrastia.

“Merrell’s Hydrastis Preparations” are for sale by Wholesale Druggists throughout the United States. Please specify “Wm. S. M. Chem. Co.” in ordering or prescribing.

THE WM. S. MERRELL CHEMICAL CO.

Cincinnati.

READING NOTICES.

In the decline of life when exhausted nature habitually repels the restorative influence of sleep, there is nothing so suitable to induce healthful repose as one half to one teaspoonful of Bromidia at Bedtime. It may be taken for years in the same dose, with the same effect, and without detriment.

SUPPRESSED MENSTRUATION.

The Aletris Cordial I think a most excellent remedy, and have used it in two cases of suppressed menstruation, in both of which with the best results. One of the patients is a young unmarried woman about 37 years of age. Menstruations had been arrested for about eight months when she came under my care. She was much swollen and suffered considerable pain at each monthly period, but there was nothing ever came away. I tried many of the usual remedies for such cases, iron, anti-spasmodics and remedies for hysteria, and permanganate of potash, without any result. I put her on the Aletris Cordial, a teaspoonful three times a day. She had only taken of it for four days when I happened to be in a neighboring house and was called in to see my patient. I found her suffering slight pains, and ordered her feet to be bathed in hot water, with warm water formulations to the lower part of the bowels. On looking in, in the evening, I found her well; as her mother said, "she was better in half an hour after she had her feet bathed," the menstrual flow having then appeared. Since then, with the use of the Aletris Cordial for a day or two before the time, she has menstruated again, and now seems well and healthy as ever.

The other case was similar. I think that the Aletris Cordial is a most valuable remedy, and shall certainly use it in any case it may be indicated.

Yours truly,

WILLIAM BRYDEN, *W. B. C. M. Ed.*

2 BEACONSFIELD TERRACE, Harwich, Scotland, March 20th, 1886.

UTERINE INFLAMMATION.

RIO CHEMICAL CO.:

Mrs. W. H. consulted me on Jan. 20th, 1886. On examination she was found to be suffering from chronic uterine inflammation, elongation and ulceration of the os uteri, with antiversion, and the usual concomitant symptoms, such as frequent desire to micturate, inability to walk, etc. Her womb was easily replaced, but returned to its abnormal position on her attempting to walk. Various kinds of pessaries were attempted, the ulceration having been previously healed by the use of the nitrate of silver and the glycerine plug, but their presence could not be tolerated. The recumbent position was then enforced for a fortnight. During this period her only treatment consisted of mild saline aperients at intervals of two or three days, and the exhibition of Aletris Cordial in drachm doses three times daily, gradually increased to two drachms. She then began to take gentle exercise and has steadily improved, and is in expectation of soon becoming a mother. She had never been pregnant previously.

HENRY BAYFIELD, *L. R. C. P. Surgeon*

1, SOMER VILLAS, Lavender Hill, S. W., }
London, Eng. April 3d, 1886. }

BROMIDIA

THE HYPNOTIC.

FORMULA.—

Every Fluid drachm contains 15 grs. EACH of pure Chloral Hydrat. and purified Brom. Pot. and $\frac{1}{8}$ gr. EACH of gen. imp. ext. Cannabis Ind. and Hyoscyam.

DOSE.—One half to one fluid drachm in WATER or SYRUP every hour until sleep is produced.

INDICATIONS.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, &c. In the restlessness and delirium of Fevers, it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

PAPINE

THE DE-NARCOTIZED OPIATE.

Papine is the Anodyne or pain relieving principle of Opium, the Narcotic and Convulsive elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, &c.

INDICATIONS.—

Same as Opium or Morphia.

DOSE.—ONE FLUID DRACHM represents the Anodyne principle of $\frac{1}{4}$ grain of Morphia.

IODIA

The Alterative and Uterine Tonic.

FORMULA.—

Iodia is a combination of Active Principles obtained from the Green Roots of STILLINGIA, HELONIAS, SAXIFRAGA, Menispermum and Aromatics. Each fluid drachm also contains five grains IODO-POTAS. and three grains PHOS-IRON.

DOSE.—One or two fluid drachms (more or less as indicated) three times a day, before meals.

INDICATIONS.—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhœa, Amenorrhœa, Impaired Vitality, Habitual Abortion and General Uterine Debility.

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SAMPLES FURNISHED ON APPLICATION. The Post-Office Laws forbid anything of an oleaginous nature being sent through the mails.

In chemical composition, Cosmoline (Unguentum Petrolei) is an oleaginous hydrocarbon corresponding to the heavy petroleum oils, and containing a large amount of the paraffines and olefines of the formulae $C_{16}H_{34}$ and $C_{16}H_{32}$. It contains but a small percentage of the paraffines and olefines, corresponding to the formulae C_7H_{16} and C_7H_{14} respectively, and the offensive and irritating properties of the crude oil have been carefully removed. In the process of purification no acids, alkalies or other chemicals are employed and no injurious additions of any kind are made to the natural product. The result is a semi-solid, translucent substance, with a faint odor, and unctuous feel.

Cosmoline (Unguentum Petrolei) melts at about 100° Fah. (38° Cent.); and boils at about 625° Fah. (329° Cent.); its specific gravity is about 0.875 at 60° Fah.

As it contains no oxydizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.

291 MADISON AVENUE, NEW YORK, February 26, 1878.

I have examined the preparation of Cosmoline as manufactured by E. F. Houghton & Co., Philadelphia, and believe them well adapted to the purposes for which they are designed. As lubricants and as the base of simple or medicated ointments, they have a decided advantage over the fixed oils and fatty substances in ordinary use, in that they do not become rancid, and do not acquire irritating qualities from atmospheric exposure.

ALFRED C. POST, M. D., LL. D.,

*Emeritus Professor of Clinical Surgery in the University of New York,
Visiting Surgeon to Presbyterian Hospital, etc.*

218 SOUTH SIXTEENTH ST., PHILADELPHIA, July 7, 1880.

Messrs. E. F. HOUGHTON & Co.:

Gents—The petroleum product prepared by you and supplied to physicians under the name of Cosmoline (Unguentum Petrolei), was first brought to my notice while I was resident physician in the Pennsylvania Hospital, and it at once commended itself to me as a bland emollient, as an elegant substitute for carbon oil in burns and scalds, as a protective in excoriations and certain diseases of the skin, and as an excipient in the place of lard for applications to the eye and ear. For the last two years I have used the plain Cosmoline, both in Hospital and in private practice, in Gynecological and Obstetrical cases, with perfect satisfaction, and consider it much superior to Olive Oil, which is so generally used. Carbolated Cosmoline is a useful combination, but the rose-scented Cosmoline is, beyond all question, a work of art, which cannot be too highly commended. I have the honor to be

Very respectfully yours,

FRANK WOODBURY, M. D.

Physician to German Hospital.

Messrs. E. F. HOUGHTON & Co.:

PHILADELPHIA, July 10, 1880.

I have for a number of years made extensive use of Cosmoline (Unguentum Petrolei) and consider it a most valuable article for surgical purposes. Either as a dressing by itself or as a vehicle for the application of medicaments, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature.

Yours truly,

JOHN H. PACKARD, M. D.

Messrs. E. F. HOUGHTON & Co.:

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I have used extensively Cosmoline (Unguentum Petrolei) both in dispensary and private practice, with very great satisfaction. As a vehicle for making ointments it is invaluable and far superior to lard, for the reason that it will not become rancid or undergo chemical change like the latter, when exposed to the atmosphere. I cannot too highly commend it as an application in various skin diseases.

Yours truly,

JOHN V. SHOEMAKER, A. M., M. D.

Physician to the Pennsylvania Free Dispensary for Skin Diseases.

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
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Each fluid drachm represents fifteen grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium, and Lithium.

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The Sixty-second Session of the Jefferson Medical College will begin on Friday, October 7, 1886, and will continue until the end of March, 1887. Preliminary Lectures will be held from Monday, 20th of September.

PROFESSORS.

J. M. DA COSTA, M.D., LL.D.,
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Principles of Surgery and Clinical Surgery.

JOHN H. BRINTON, M.D.,
Practice of Surgery and Clinical Surgery.

THEOPHILUS PARVIN, M.D., LL.D.,
Obstetrics and Diseases of Women and Children.

J. W. HOLLAND, M.D.,
Medical Chemistry and Toxicology.

W. S. FORBES, M.D.,
[General, Descriptive and Surgical Anatomy.

WILLIAM THOMSON, M.D.,
Professor of Ophthalmology.

MORRIS LONGSTRETH, M.D.,
Lecturer on Pathological Anatomy.

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The Faculty invite the attention of the medical profession and students to their thorough system of practical Laboratory work. To each department of the regular curriculum there is appended a Laboratory Course carried on in large and thoroughly equipped apartments in the College, by specially appointed Demonstrators, under the immediate direction of the Professor. In this way each candidate for the degree of M. D. is immediately and personally taught in Obstetrics and Gynecology, Physical Diagnosis, Laryngology, Ophthalmology, Medical Chemistry, Pharmacy, Materia Medica and Experimental Therapeutics, Physiology, Histology and Experimental Physiology, and Minor Surgery, Bandaging, Operations on the Cadaver, etc., and in the Department of Medicine, "clinical conferences," and practical lessons in Physical Diagnosis. There are, we believe, no corresponding practical courses in any other Medical College in this country—not at least to the same extent, and with the same variety, and constituting a part of the regular curriculum.

This course of Instruction is *free of charge, but obligatory upon* candidates for the Degree, except those who have had such instruction, and those who are graduates of other colleges of ten years' standing.

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Ticket for all Branches	140 00
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Fees for a full course of Lectures to those who have attended two full courses at other (recognized) Colleges—the matriculation fee, and	70 00
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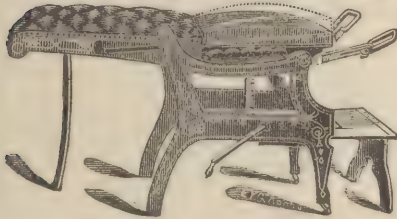
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See notes above on Solution Bismuth and Hydrastia.

“Merrell’s Hydrastis Preparations” are for sale by Wholesale Druggists throughout the United States. Please specify “Wm. S. M. Chem. Co.” in ordering or prescribing.

THE WM. S. MERRELL CHEMICAL CO.

Cincinnati,

READING NOTICES.

LACTATED FOOD IN DIABETES MELLITUS.

The following case will well illustrate the usefulness of the Food when applied to the treatment of this disease in its most aggravated form. A man 22 years of age, had been suffering from headache, prostration, intense thirst and a voracious appetite, for several months. Upon examination of him, in March last, he had all the above symptoms; had become too feeble to walk and was practically confined to the bed. He was voiding 12 quarts of urine in 24 hours, which upon analysis showed a specific gravity of 1036,—4 grains of sugar to the ounce. His thirst was intolerable, his appetite unnatural, craving starchy and saccharine food; was unable to sleep and obstinate constipation existed for several weeks. He was put upon Lactated Food and skimmed milk, allowed to drink all he wanted of these, but denied water or any other article of food. In 48 hours the quantity of water voided was reduced to 3 quarts. In one week his food and drink consisted wholly of Lactated Food, and the general improvement in his symptoms was most marked. He continued on this diet for two months and so far as I could determine all the prominent symptoms of Diabetes had disappeared. He was voiding but one quart of urine in 24 hours, sp. gr. 1016, bowels regular, could sleep without anodynes, had gained in strength, and was walking about. At this time, six months after adopting this plan of treatment, he is at work, has no apparent symptoms of the disease and is allowed to take a mixed diet, simply avoiding starches and sugars.

A SUCCESSFUL FOOD FOR INFANTS.

DOUGLASS H. STEWART, M. D., 332 W. 47th St., New York, reports as follows: "I have, made a test in above fifty cases of the Lactated Food you so kindly sent to the North Western Dispensary for me, and can only add that in every instance there was an improvement more or less marked. I have had such poor success with '—', '—' and kindred foods that I employed your preparation in rather a faint-hearted way at first, but after one or two trials was convinced that Lactated Food is all you claim for it."

Remarks on the Uses of Papine. By WM. J. CRITTENDEN, M. D., Unionville, Virginia.

In the practice of medicine we are often called upon to treat patients who possess a peculiar idiosyncrasy as to the effects of opium or any of its preparations.

During January, 1886, I was called to see a lady suffering with acute peritonitis. She assured me that she could not use opium, as she had tired of it previously. But I gave her one-eighth grain of morphia sulphate and one one-hundred-and-twentieth grain of atropia sulphate hypodermically, and in a few minutes the depressing effects was noted, both upon the respiration and circulation; the pupils also became visibly contracted. I then tried the various usual substitutes for morphia in succession, but to no effect. I determined to try PAPINE; but not being able to give it by the mouth on account of nausea, and as she objected to the use of the hypodermic needle, I gave her two-drachms per rectum, and repeated it in one hour. The result was that she sank into a quiet, peaceful sleep, which lasted for several hours. During the remainder of her sickness I gave her PAPINE, with the most gratifying results. As soon as her stomach would retain it, I gave it to her by the mouth in one-drachm doses.

I have also used PAPINE in a case of uterine cancer, in lieu of morphia. In cases which patients have been taking morphia until it has lost its anodyne influence, PAPINE is well adapted.

Some time ago (in absence of the family physician) I was called to see a lady one night, in great haste, who was suffering with malignant disease of the uterus. On my arrival the nurse informed me that she had given her a grain of morphia, with suitable percentage of atropia, every hour for five or six hours, and during the intervals she had given her chloroform, but to no effect whatever. Accordingly, I gave her xxx min. of PAPINE with eight grain morphia sulphate, repeating it in fifteen minutes, and in a short time she fell asleep and slept for six hours, which was more than she had slept in a time for months.

In pneumonia, pleuritis, and bronchitis I have found PAPINE to answer an excellent purpose. In dysentery it is useful both as an anodyne and in relieving the tenesmus. In the diarrhoea of children I frequently combine with it bismuth subnitrate and prepared chalk. I have used it also in cystitis. In neuralgia, when I wish an anodyne, I use PAPINE. As an anodyne it is equal if not superior to morphia; and I have never yet seen any unpleasant effects from its use. As a hypnotic I find it to be an agent of great value.

It is inferior to bromida when we simply wish the effect of a hypnotic. But it fulfills the indications when we wish a decided anodyne as well as a hypnotic influence.

I trust that the readers of the *Virginia Medical Monthly* may give this drug a trial, as I feel that they will be amply repaid for their trouble.

Va. Med. Monthly, August 1886.

BROMIDIA

THE HYPNOTIC.

FORMULA.—

Every Fluid drachm contains 15 grs. EACH of pure Chloral Hydrat. and purified Brom. Pot. and $\frac{1}{8}$ gr. EACH of gen. imp. ext. Cannabis Ind. and Hyoscyam.

DOSE.—One half to one fluid drachm in WATER or SYRUP every hour until sleep is produced.

INDICATIONS.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, &c. In the restlessness and delirium of Fevers, it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

PAPINE

THE DE-NARCOTIZED OPIATE.

Papine is the Anodyne or pain relieving principle of Opium, the Narcotic and Convulsive elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, &c.

INDICATIONS.—

Same as Opium or Morphia.

DOSE.—ONE FLUID DRACHM represents the Anodyne principle of $\frac{1}{8}$ grain of Morphia.

IODIA

The Alterative and Uterine Tonic.

FORMULA.—

Iodia is a combination of Active Principles obtained from the Green Roots of STILLINGIA, HELONIAS, SAXIFRAGA, Menispermum and Aromatics. Each fluid drachm also contains five grains Iodo-POTAS. and three grains PHOS-IRON.

DOSE.—One or two fluid drachms (more or less as indicated) three times a day, before meals.

INDICATIONS.—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortion and General Uterine Debility.

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NERVE-TONIC, STIMULANT AND ANTISPASMODIC.

FORMULA.—Every Fluid-Drachm represents FIVE grains EACH—Celery, Coca, Kola, Viburnum and Aromatics.

INDICATIONS.—Impotency, Spermatorrhea, Loss of Nerve-Power (so usual with Lawyers, Preachers, Writers and Business Men), Nervous Headache, Neuralgia, Paralysis, Dysmenorrhea, Hysteria, Opium-Habit, Inebriety, Prostatitis, Dyspepsia, and ALL LANGUID or DEBILITATED conditions of the System.—*Indispensable to restore a patient after alcoholic excess.*

DOSE.—One or two teaspoonfuls three or more times a day, as directed by the Physician.

ALETIS CORDIAL

UTERINE TONIC AND RESTORATIVE.

PREPARED FROM THE ALETIS FARINOSA OR TRUE UNICORN.

INDICATIONS.—Amenorrhea, Dysmenorrhea, Leucorrhea, Prolapsus Uteri, Sterility, to PREVENT Miscarriage, etc.

DOSE.—One teaspoonful three or four times a day.

Unrivalled as a Uterine Tonic in Irregular, Painful, Suppressed & Excessive Menstruation
IT RESTORES NORMAL ACTION TO THE UTERUS, AND IMPARTS VIGOR TO
THE ENTIRE UTERINE SYSTEM.

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A MILD, SAFE AND PLEASANT APERIENT.

Prepared from Manna, Purified Cathartic Acid, and Fruit Juices.

INDICATIONS.—Constipation, Biliousness, Congestions, Etc. **INDISPENSABLE AS AN APERIENT FOR WOMEN DURING PREGNANCY.** In teaspoonful doses, 3 times a day, it favors the SECRETION and EXCRETION of bile, and gradually removes the congested and torpid states of the liver, and keeps the bowels in a regular and soluble condition.

DOSE.—ONE or MORE teaspoonfuls as directed by the Physician.

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A NON-ALCOHOLIC LIQUID.

[WHITE]

A MOST VALUABLE NON-IRRITATING MUCOUS ASTRINGENT.

INDICATIONS.—Albuminuria, Diarrhea, Dysentery, Night-Sweats, Hemorrhages, Profuse Expectoration, Catarrh, Sore Throat, Leucorrhea, and other Vaginal Diseases, Piles, Sores, Ulcers, Burns, Scalds, Gonorrhea, Gleet, Etc.

When Used as an Injection, to Avoid Staining of Linen, the WHITE Pinus should be Used.

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In chemical composition, Cosmoline (Unguentum Petrolei) is an oleaginous hydrocarbon corresponding to the heavy petroleum oils, and containing a large amount of the paraffines and olefines of the formula $C_{16}H_{34}$ and $C_{16}H_{32}$. It contains but a small percentage of the paraffines and olefines, corresponding to the formulae C_7H_{16} and C_7H_{14} respectively, and the offensive and irritating properties of the crude oil have been carefully removed. In the process of purification no acids, alkalies or other chemicals are employed and no injurious additions of any kind are made to the natural product. The result is a semi-solid, translucent substance, with a faint odor, and unctuous feel.

Cosmoline (Unguentum Petrolei) melts at about 109° Fah. (38° Cent.); and boils at about 645° Fah. (329° Cent.); its specific gravity is about 0.875 at 60° Fah.

As it contains no oxydizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.

291 MADISON AVENUE, NEW YORK, February 26, 1878.

I have examined the preparation of Cosmoline as manufactured by E. F. Houghton & Co., Philadelphia, and believe them well adapted to the purposes for which they are designed. As lubricants and as the base of simple or medicated ointments, they have a decided advantage over the fixed oils and fatty substances in ordinary use, in that they do not become rancid, and do not acquire irritating qualities from atmospheric exposure.

ALFRED C. POST, M. D., LL. D.,

*Emeritus Professor of Clinical Surgery in the University of New York,
Visiting Surgeon to Presbyterian Hospital, etc.*

218 SOUTH SIXTEENTH ST., PHILADELPHIA, July 7, 1880.

Messrs. E. F. HOUGHTON & Co.:

Gents—The petroleum product prepared by you and supplied to physicians under the name of Cosmoline (Unguentum Petrolei), was first brought to my notice while I was resident physician in the Pennsylvania Hospital, and it at once commended itself to me as a bland emollient, as an elegant substitute for carbon oil in burns and scalds, as a protective in excoriations and certain diseases of the skin, and as an excipient in the place of lard for applications to the eye and ear. For the last two years I have used the plain Cosmoline, both in Hospital and in private practice, in Gynecological and Obstetrical cases, with perfect satisfaction, and consider it much superior to Olive Oil, which is so generally used. Carbolated Cosmoline is a useful combination, but the rose-scented Cosmoline is, beyond all question, a work of art, which cannot be too highly commended. I have the honor to be

Very respectfully yours,

FRANK WOODBURY, M. D.

Physician to German Hospital.

Messrs. E. F. HOUGHTON & Co.:

I have for a number of years made extensive use of Cosmoline (Unguentum Petrolei) and consider it a most valuable article for surgical purposes. Either as a dressing by itself or as a vehicle for the application of medicaments, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature.

Yours truly,

JOHN H. PACKARD, M. D.

Messrs. E. F. HOUGHTON & Co.:

1031 WALNUT STREET, PHILADELPHIA.

I have used extensively Cosmoline (Unguentum Petrolei) both in dispensary and private practice, with very great satisfaction. As a vehicle for making ointments it is invaluable and far superior to lard, for the reason that it will not become rancid or undergo chemical change like the latter, when exposed to the atmosphere. I cannot too highly commend it as an application in various skin diseases.

Yours truly,

JOHN V. SHOEMAKER, A. M., M. D.

Physician to the Pennsylvania Free Dispensary for Skin Diseases.

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One part dissolved in 500 parts of water, acidulated with 7.5 parts of hydrochloric acid should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

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which possesses eight times the digestive power of the Saccharated; particularly recommended to manufacturers.

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a very active and palatable medicine, containing 4 per cent. of Saccharated Pepsin dissolved in acidulated water and glycerine.

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
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These preparations may be relied upon as being accurately and skillfully prepared, from the best materials.

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The well known stimulant virtues of the best select grade of Coca Leaves are represented in this preparation combined with a very fine article of pure Imported Malaga Wine. It is recommended in cases of nervous prostration, general debility, etc.

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 COD LIVER OIL, FERRATED;
 COD LIVER OIL, IODO-FERRATED;
 COD LIVER OIL, PHOSPHORATED;
 BERGEN COD LIVER OIL, WHITE;
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 NINE and STRYCHNIA.
 ELIXIR PYROPHOS. IRON, QUININE
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 ELIXIR PEPSINE.
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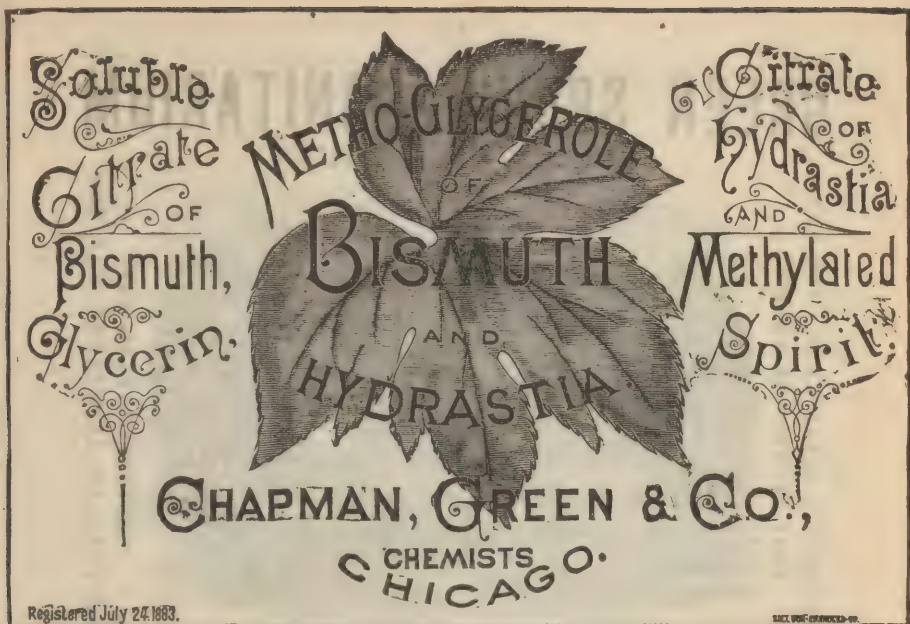
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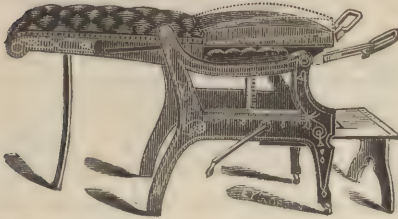
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Is what its name implies—the active, medicinal principles of the drug in natural combination and in a fluid form. It has a bright, yellow color, perfectly clear, free from sediment, and with an unmistakable odor of the *fresh* drug.

Fluid Hydrastis is a pure, neutral solution of the alkaloidal constituents of the drug, rejecting the oil, gums, irritating and offensive resin, and inert extractive matters. The success attending its introduction is the best evidence of its therapeutic value.

Unsuccessful imitations and would-be substitutes are met with on every hand. Preparations said to be “just as good” or “about the same thing,” but always “a little cheaper,” attest the wide-spread and growing popularity of Fluid Hydrastis. All such, compared with the latter as to physical appearance or as representatives of the drug, *are condemned*; dispensed in prescriptions, *they are readily detected*; tested therapeutically, they are *promptly rejected* as unworthy of confidence.

Fluid Hydrastis is applicable to the treatment of all irritable, inflammatory and ulcerative conditions of the mucous tract.

This statement of a well-known medical writer and journalist has become axiomatic:

“No remedy for physician’s use has been received with such universal approval.

Solution Bismuth and Hydrastia—MERRELL.

An invaluable and scientific combination wherein the beneficial action of the white alkaloid is increased by association with Bismuth. This solution contains $2\frac{1}{2}$ grains of the double Citrate Bismuth and Hydrastia; twenty-five per cent. of which is Hydrastia Citrate.

The cordial reception accorded this preparation marks it as the most valuable combination in the market in which the white alkaloid alone represents the valuable properties of the drug. Used in diseases of the nasal passages, of the eye, of the throat, of the stomach and intestines, of the reproductive organs and bladder, it is equally beneficial.

Colorless Solution of Hydrastia—MERRELL.

This is a permanent solution of the white alkaloid without the addition of any other medicinal agent to modify or increase its action. It is offered without special recommendation to meet the views of a limited number of physicians, with whom the color of the Fluid Hydrastis is an objection. This solution contains in one fluid pint, the same proportionate strength of white alkaloid as exists in an average quality of crude root.

See notes above on Solution Bismuth and Hydrastia.

“Merrell’s Hydrastis Preparations” are for sale by Wholesale Druggists throughout the United States. Please specify “Wm. S. M. Chem. Co.” in ordering or prescribing.

THE WM. S. MERRELL CHEMICAL CO.

Cincinnati.

READING NOTICE.

Substitution.

Does the professsion realize how much injury is done to physicians and their patients by *the substitution* of spurious, or the so called "just as good" preparations; *in place of* goods of standard reputation?

The following letter from Doctor Springer is a case in point.

Respectfully,

BATTLE & Co., *Chemists Corporation.*

Van Buren, Ohio, September 10, 1886.

Messrs. Battle & Co., St. Louis, Mo.

GENTLEMEN:—In the case of "Insomnia," which I reported to you in May last, and wherein it required seven drachm doses (hourly, 1 drachm) to produce sleep by Bromidia bought at pharmacy in Findlay—it required but one drachm, repeated in *one* hour, to produce a good night's rest, of the sample bottle you sent me. I also use the Bromidia (Battle & Co.) with the best results in "Cholera Infantum," and in "hysteria."

Am satisfied that the article bought at Findlay was "Spurious."

GEO. SPRINGER, M. D.

BROMIDIA

THE HYPNOTIC.

FORMULA.—

Every Fluid drachm contains 15 grs. EACH of pure Chloral Hydrat. and purified Brom. Pot. and $\frac{1}{8}$ gr. EACH of gen. imp. ext. Cannabis Ind. and Hyoscyam.

DOSE.—One half to one fluid drachm in WATER or SYRUP every hour until sleep is produced.

INDICATIONS.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, &c. In the restlessness and delirium of Fevers, it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

PAPINE

THE DE-NARCOTIZED OPIATE.

Papine is the Anodyne or pain relieving principle of Opium, the Narcotic and Convulsive elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, &c.

INDICATIONS.—

Same as Opium or Morphia.

DOSE.—ONE FLUID DRACHM represents the Anodyne principle of $\frac{1}{8}$ grain of Morphia.

IODIA

The Alterative and Uterine Tonic.

FORMULA.—

Iodia is a combination of Active Principles obtained from the Green Roots of STILLINGIA, HELONIAS, SAXIFRAGA, Menispermum and Aromatics. Each fluid drachm also contains five grains IODO-POTAS. and three grains PHOS-IRON.

DOSE.—One or two fluid drachms (more or less as indicated) three times a day, before meals.

INDICATIONS.—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortion and General Uterine Debility.

BATTLE & CO.

CHEMISTS' CORPORATION,

BRANCHES:

ST. LOUIS, MO.

38, Southampton Row, Holborn, London, W. C.

5, Rue De La Paix, Paris.

9 and 10 Dalhouse Square, Calcutta.

CELERINA

NERVE-TONIC, STIMULANT AND ANTISPASMODIC.

FORMULA.—Every Fluid-Drachm represents FIVE grains EACH — Celery, Coca, Kola, Viburnum and Aromatics.

INDICATIONS.—Impotency, Spermatorrhea, Loss of Nerve-Power (so usual with Lawyers, Preachers, Writers and Business Men), Nervous Headache, Neuralgia, Paralysis, Dysmenorrhea, Hysteria, Opium-Habit, Inebriety, Prostatitis, Dyspepsia, and ALL LANGUID or DEBILITATED conditions of the System.—Indispensable to restore a patient after alcoholic excess.

DOSE.—One or two teaspoonfuls three or more times a day, as directed by the Physician.

ALETIS CORDIAL

UTERINE TONIC AND RESTORATIVE.

PREPARED FROM THE ALETIS FARINOSA OR TRUE UNICORN.

INDICATIONS.—Amenorrhea, Dysmenorrhea, Leucorrhea, Prolapsus Uteri, Sterility, to PREVENT Miscarriage, etc.

DOSE.—One teaspoonful three or four times a day.

Unrivalled as a Uterine Tonic in Irregular, Painful, Suppressed & Excessive Menstruation
IT RESTORES NORMAL ACTION TO THE UTERUS, AND IMPARTS VIGOR TO
THE ENTIRE UTERINE SYSTEM.

Where Women have aborted during previous Pregnancies, or in any case where abortion is feared, the Aletris Cordial is indicated, and should be continuously administered during entire gestation.

ACID MANNATE

A MILD, SAFE AND PLEASANT APERIENT.

Prepared from Manna, Purified Cathartic Acid, and Fruit Juices.

INDICATIONS.—Constipation, Biliousness, Congestions, Etc. **INDISPENSABLE AS AN APERIENT FOR WOMEN DURING PREGNANCY.** In teaspoonful doses, 3 times a day, it favors the SECRETION and EXCRETION of bile, and gradually removes the congested and torpid states of the liver, and keeps the bowels in a regular and soluble condition.

DOSE.—ONE or MORE teaspoonfuls as directed by the Physician.

S. H. KENNEDY'S CONCENTRATED EXTRACT OF PINUS CANADENSIS

DARK

A NON-ALCOHOLIC LIQUID.

WHITE

A MOST VALUABLE NON-IRRITATING MUCOUS ASTRINGENT.

INDICATIONS.—Albuminuria, Diarrhea, Dysentery, Night-Sweats, Hemorrhages, Profuse Expectoration, Catarrh, Sore Throat, Leucorrhea, and other Vaginal Diseases, Piles, Sores, Ulcers, Burns, Scalds, Gonorrhea, Gleet, Etc.

When Used as an Injection, to Avoid Staining of Linen, the WHITE Pinus should be Used.

Recommended by DR. J. MARION SIMS, and other Prominent Physicians.

RIO CHEMICAL COMPANY, ST. LOUIS.

LONDON.

PARIS

Samples FREE to any Physician who will pay Express charges, and mention this Journal.

REGISTERED.



TRADE MARK.

Unguentum Petrolei

Prepared by E. F. HOUGHTON & Co Philadelphia, U.S.A.

Put up in 1 lb. Cans, 5 lb. Cans, 10 lb. Cans, 25 lb. Cans, 50 lb. Cans, 100 lb. Cans.
 SAMPLES FURNISHED ON APPLICATION. The Post-Office Laws forbid anything of an oleaginous nature being sent through the mails.

In chemical composition, Cosmoline (Unguentum Petrolei) is an oleaginous hydrocarbon corresponding to the heavy petroleum oils, and containing a large amount of the paraffines and olefines of the formulæ $C_{16}H_{34}$ and $C_{16}H_{32}$. It contains but a small percentage of the paraffines and olefines, corresponding to the formulæ C_7H_{16} and C_7H_{14} respectively, and the offensive and irritating properties of the crude oil have been carefully removed. In the process of purification no acids, alkalies or other chemicals are employed and no injurious additions of any kind are made to the natural product. The result is a semi-solid, translucent substance, with a faint odor, and unctuous feel.

Cosmoline (Unguentum Petrolei) melts at about 109° Fah. (38° Cent.); and boils at about 625° Fah. (329° Cent.); its specific gravity is about 0.875 at 60° Fah.

As it contains no oxidizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.

291 MADISON AVENUE, NEW YORK, February 26, 1878.

I have examined the preparation of Cosmoline as manufactured by E. F. Houghton & Co., Philadelphia, and believe them well adapted to the purposes for which they are designed. As lubricants and as the base of simple or medicated ointments, they have a decided advantage over the fixed oils and fatty substances in ordinary use, in that they do not become rancid, and do not acquire irritating qualities from atmospheric exposure.

ALFRED C. POST, M. D., LL. D.,

*Emeritus Professor of Clinical Surgery in the University of New York,
 Visiting Surgeon to Presbyterian Hospital, etc.*

218 SOUTH SIXTEENTH ST., PHILADELPHIA, July 7, 1880.

Messrs. E. F. HOUGHTON & Co.:

Gents—The petroleum product prepared by you and supplied to physicians under the name of Cosmoline (Unguentum Petrolei), was first brought to my notice while I was resident physician in the Pennsylvania Hospital, and it at once commended itself to me as a bland emollient, as an elegant substitute for carbon oil in burns and scalds, as a protective in excoriations and certain diseases of the skin, and as an excipient in the place of lard for applications to the eye and ear. For the last two years I have used the plain Cosmoline, both in Hospital and in private practice, in Gynecological and Obstetrical cases, with perfect satisfaction, and consider it much superior to Olive Oil, which is so generally used. Carbulated Cosmoline is a useful combination, but the rose-scented Cosmoline is, beyond all question, a work of art, which cannot be too highly commended. I have the honor to be

Very respectfully yours,

FRANK WOODBURY, M. D.

Physician to German Hospital.

Messrs. E. F. HOUGHTON & Co.:

PHILADELPHIA, July 10, 1880.

I have for a number of years made extensive use of Cosmoline (Unguentum Petrolei) and consider it a most valuable article for surgical purposes. Either as a dressing by itself or as a vehicle for the application of medicaments, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature.

Yours truly,

JOHN H. PACKARD, M. D.

Messrs. E. F. HOUGHTON & Co.:

1031 WALNUT STREET, PHILADELPHIA.

I have used extensively Cosmoline (Unguentum Petrolei) both in dispensary and private practice, with very great satisfaction. As a vehicle for making ointments it is invaluable and far superior to lard, for the reason that it will not become rancid or undergo chemical change like the latter, when exposed to the atmosphere. I cannot too highly commend it as an application in various skin diseases.

Yours truly,

JOHN V. SHOEMAKER, A. M., M. D.

Physician to the Pennsylvania Free Dispensary for Skin Diseases.

Prepared by E. F. HOUGHTON & Co., 211 S. Front St., Philadelphia.

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E. SCHEFFER,

Louisville, Ky.

Manufactures by his Improved Method

SACCHARATED PEPSIN,

which has proven its superiority over other Pepsins by its stability and uniformity, and by its agreeable taste.

In digestive power it corresponds to the standard adopted by the Committee on the 6th Revision of the U. S. Pharmacopœia, which is as follows:

One part dissolved in 500 parts of water, acidulated with 7.5 parts of hydrochloric acid should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

CONCENTRATED DRY PEPSIN,

which possesses eight times the digestive power of the Saccharated; particularly recommended to manufacturers.

LIQUID PEPSIN,

a very active and palatable medicine, containing 4 per cent. of Saccharated Pepsin dissolved in acidulated water and glycerine.

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
NERVE AND BRAIN SEDATIVE.

Each fluid drachm represents fifteen grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium, and Lithium.

USES.—Epilepsy, and all Congestive, Convulsive, Spasmodic, and Reflex Neuroses.

DOSE.—One to two FLUID drachms, in WATER, three or more times a day.

CAUTION.—The popularity of "Peacock's Bromides" has caused several parties to claim that they can put it up "just as good." THIS IS NOT TRUE. No mere simple combination of Bromide Salts IS AT ALL COMPARABLE with this preparation in Purity, Safety, and Therapeutic Value, and due caution should be used to prevent substitution in all cases.

 Sample and Pamphlet FREE to any Physician who will pay Express charges.

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TAKE ONLY AND INSIST ON "THE BEST OF AMERICAN MANUFACTURE."

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KNOWN AS RELIABLE FIFTY YEARS,
"FOR GENERAL EXCELLENCE IN MANUFACTURE."

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HARD and SOFT—ALL KINDS FILLED.

(9 SIZES:) 3, 5, 10 and 15 Minims; and 1, 2, 1-2, 5, 10 and 15 Grammes.

NEW KINDS:

OIL OF WINTERGREEN, APIOL-PEARLS, WARBURG'S TINCTURE, ETC.

NEWLY IMPROVED EMPTY.

Empty for Powders & Solids 8 sizes, trial box by mail, 25cts.

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Empty for Rectal (Suppository), 3 sizes.

Empty for Vaginal, 6 sizes,

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CAPSULES FOR MECHANICAL PURPOSES.

N. B.—We make all kinds of Capsules to order. New articles in Capsuling and Private Formulas a Specialty.

SOLD BY ALL DRUGGISTS.

SPECIFY PLANTEN'S.

SAMPLES FREE.

These preparations may be relied upon as being accurately and skillfully prepared, from the best materials.

ROBINSON'S HYPOPHOSPHITES.

The efficacy of such a combination of remedial agents in the treatment of pulmonary weakness, or any form of debility, has been clearly demonstrated in the actual experience of our best Practitioners. In CONSUMPTION and other WASTING DISEASES it has proved invaluable. Nutritive Tonic and Restorative, palatable and agreeable. Handsomely put up in pint flint bottles and cartons. Price \$1.00 per bottle.

Formula, each fluid ounce contains:

HYPOPHOSPHITES SODA.....	2	grs.
" LIME.....	1½	"
" IRON.....	1½	"
" QUININE.....	¾	"
" MANGANESE.....	1½	"
" STRYCHNINE.....	1-16	"

ROBINSON'S WINE OF COCA.

The well known stimulant virtues of the best select grade of Coca Leaves are represented in this preparation combined with a very fine article of pure Imported Malaga Wine. It is recommended in cases of nervous prostration, general debility, etc.

Each fluid drachm equals 7½ grains Coca Leaves. Handsomely put up in pint blue bottles and cartons. Price \$1 00 per Bottle.

ROBINSON'S LIME JUICE AND PEPSIN.

An elegant preparation, combining the reliable digestive properties of *Scheffer's Concentrated Pepsin*, and the *Aperient and Cholagogue* characteristics of *Pure Lime Juice* of the best quality.

A valuable remedy for *Dyspepsia, Indigestion, Biliousness, &c.* Specially useful during the enervating heat of summer.

We claim that our Lime Juice and Pepsin is superior in Pepsin strength to many similar preparations on the market. To demonstrate the *actual digestive power* of this compound upon albuminous food we would state that by experiment it stands the following

TEST:

One fluidrachm of Robinson's Lime Juice and Pepsin, mixed with one fluidounce Distilled Water and six minims Hydrochloric Acid will digest at least 100 grains of hard boiled Egg-albumen finely cut, if kept at a temperature of 100 deg. Fahr. for 4 to 6 hours. The mixture to be occasionally shaken *Grateful to the taste.* Prescribed by leading Physicians. Handsomely put up.

In 6 oz. Oval Bottles..... Price 50c.
In Pint Bottles..... " \$1.00.

May be obtained through retail Druggists. If the nearest Druggist is not supplied, we will forward either article by Express prepaid upon receipt of the retail price.

Be sure to specify our preparations. We are confident you will be pleased with them.

R. A. ROBINSON & CO., Manufacturing Pharmacists,

Established 1842.

LOUISVILLE, KY.

N. B.—WE ARE PERMITTED TO PUBLISH THE FOLLOWING:

MESSRS. R. A. ROBINSON & Co., Louisville, Ky.

LOUISVILLE, KY., MARCH, 29, 1886.

Gentlemen—It affords me pleasure to state that for sometime past I have been prescribing the *Syrup of Hypophosphites and Wine of Coca* prepared by your firm, with uniformly good results. Both are elegant preparations and seem to have been prepared with great care and accuracy, and are thoroughly reliable. As a stimulant in cases of Exhaustion, from whatever cause arising, and as an antidote to the evil effects of Opium, your *Wine of Coca* has proven most serviceable. Your *Syrup of the Hypophosphites* presents a combination of constructive tonics and alteratives massed together in palatable form and in a beautiful solution, indicative of unsurpassed Pharmaceutical Art. I have used the latter in the debility of the old and the young; with nursing mothers and with those of strumous and tubercular tendencies with most gratifying effects. The reasonable price of the preparations should bring them within the reach of all. The well know reliability of your house is a sufficient guarantee of the purity of any compound upon which its label is found.

Yours very respectfully,

(Signed) COLEMAN ROGERS, M. D

MESSRS. R. A. ROBINSON & Co., Louisville, Ky.

LOUISVILLE, KY., APR 1, 1886.

Gentlemen—For a number of months I have been prescribing your "Syrup of Hypophosphites" and have also been employing your "Wine of Coca" since it was placed before the profession. In my prescriptions I have specified "R. A. Robinson & Co.," because of my confidence in the integrity of the manufacturers; feeling assured that they would permit no indifferent compound to be prepared at their Laboratory. After having observed the effects of the above preparations on a large number of patients, I am convinced that no similar mixtures, now upon the market, are so elegant and palatable, and at the same time so invariable and accurate in composition.

Respectfully your obedient servant,

(Signed) JAMES M. HOLLOWAY, M. D., No. 728 4th Ave.

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FLUID, SOLID AND POWDERED EXTRACTS,

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Comprising all the officinal and other well-known favorite formulæ.

These PILLS are all Prepared with the Utmost Care, under our Immediate Supervision.

The DRUGS entering into their Composition are of the Best Quality.

The Quantities and Proportions are Invariably as Represented on the Labels

The Excipients to make the Masses are Carefully Chosen in each Case, to make the Pill Permanently Soluble in the Fluids of the Stomach and Bowels.

The Sugar Coating and Gelatine Coating will be found very Soluble, and not excelled by any other in point of Beauty or Finish.

WE CALL SPECIAL ATTENTION TO OUR

SOLUBLE HYPODERMIC TABLETS.

These Tablets are quickly and perfectly soluble in *cold* or warm water.

They combine accuracy of dose with perfect preservation of the active ingredient.

The base with which the latter is combined is perfectly harmless and unobjectionable.

They will cause no abscesses.

They will not become insoluble by age.

They may also be administered by the mouth.

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SADDLE BAGS, FRESH HUMAN AND BOVINE VACCINE.

The extensive Dispensing Department and complete Laboratory connected with our Wholesale Business enables us to give that careful attention to Physician's Orders necessary to ensure filling them satisfactorily.

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I. L. LYONS & CO.

Pharmaceutical and Medicinal Preparations

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I. L. LYONS & CO.,

Wholesale Druggists & Pharmacists,

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We also beg to add that we are prepared to manufacture at short notice any pharmaceutical preparation which physicians may be unable to procure elsewhere.

COD LIVER OIL with PHOSPHATE OF LIME;

COD LIVER OIL with LACTO-PHOSPHATE OF LIME;

COD LIVER OIL with SOLUBLE PHOSPHATE OF LIME;

COD LIVER OIL, FERRATED;

COD LIVER OIL, IODO-FERRATED;

COD LIVER OIL, PHOSPHORATED;

BERGEN COD LIVER OIL, WHITE;

BERGEN COD LIVER OIL, BROWN.

NUTRITIVE ELIXIR, (Beef, Cognac and Bitter Orange) NUTRITIVE ELIXIR, FERRATED, designed as SUBSTITUTES FOR DUCROS' ELIXIR, at more moderate prices.

ELIXIR BISMUTH.

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ELIXIR CALISAYA, IRON and STRYCHNIA.

ELIXIR CALISAYA, IRON, STRYCHNIA and BISMUTH.

ELIXIR CALISAYA, IRON, PEPSINE and BISMUTH.

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ELIXIR PHOSPHATE IRON, QUININE and STRYCHNIA.

ELIXIR PYROPHOS. IRON, QUININE and STRYCHNIA.

ELIXIR PEPSINE.

ELIXIR PEPSINE and BISMUTH.

ELIXIR PEPSINE, BISMUTH and STRYCHNIA.

ELIXIR PEPSINE, BISMUTH, STRYCHNIA and IRON.

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ELIXIR VAL. AMMONIA and QUININE.

ELIXIR GUARANA.

ELIXIR TARAX. COMP. for masking Quinine.

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SYRUP PHOSPHATES COMP.

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SYRUP LACTO-PHOSPHATE IRON.

SYRUP LACTO-PHOSPHATE LIME.

SYRUP IRON, free from taste and acid.

SYRUP PHOSPH. IRON, QUININE and STRYCHNIA.

SYRUP IOD. IRON and MANG.

SYRUP HYD. CHLORAL.

SYRUP LACTO-PHOS. LIME and PEPSINE.

SYRUP LACTO-PHOS. LIME and IRON.

WINE, BEEF and IRON.

WINE, BEEF, IRON and CINCHONA.

WINE, PEPSINE.

WINE, IRON BITTER.

WINE CINCHONA, (Quinquina Robiquet.)

WINE CINCHONA, FERRUGINEUX, (Quinquina Robiquet.)

WINE WILD CHERRY.

WINE WILD CHERRY, FERRATED.

FLUID EXTRACT ERGOT prepared from the selected grains, and all fluid Extracts of STANDARD STRENGTH.

All new and rare chemicals kept in stock.

I. L. LYONS & CO.

LACTOPEPTINE

The most important Remedial Agent ever presented to
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DYSPEPSIA, VOMITING IN PREGNANCY, CHOLERA INFANTUM
CONSTIPATION, AND ALL DISEASES ARISING
FROM IMPERFECT NUTRITION.

LACTOPEPTINE precisely represents in composition the natural digestive juices
of the Stomach, Pancreas and Salivary Glands, and will, therefore, readily dissolve all
foods necessary for the recuperation of the human organism.

LACTOPEPTINE

— IS COMPOUNDED WITH —

GENTIAN, IRON, STRYCHNIA, BISMUTH, QUINIA, CALISAYA,
CINCHONA AND PHOSPHATES.

and various medications required in general practice, in the form of ELIXIRS,
SYRUPS, LIQUIDS, ETC.

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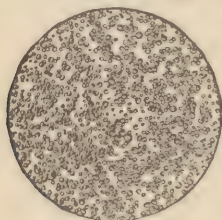
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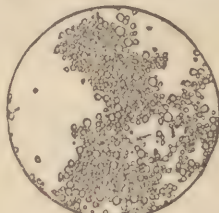
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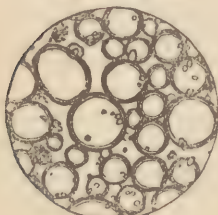
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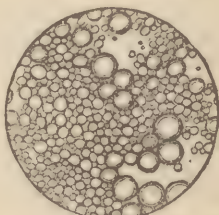
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The infant was put to the breast a few hours after birth, and nursed readily; but almost immediately rejected the milk. Repeated trials all resulted in vomiting, followed by exhaustion. Other articles of food were tried, including cow's milk, etc., without improvement. The child was in great danger of starvation. On the third day I began the administration of Lactopeptine. The effect was immediate and almost miraculous. I ordered one-sixteenth of the adult dose to be dissolved in about two ounces of breast milk (drawn from a robust, healthy wet nurse) and administered every two and a half hours. There was no more rejection of milk—except the usual vomiting of curdled milk, to relieve the crowded state of the stomach, which occurred occasionally, after the first ten days. Condensed milk, cow's milk (properly diluted and sweetened), Mellin's food, boiled bread (pap), were, after a while, substituted for breast milk, but always with Lactopeptine. A steady improvement was manifest from the beginning, and kept up during the first dentition, which process was gone through with in a most satisfactory manner. No untoward diarrhœa or intestinal disturbance characterized this period, and, at ten months, the child was virtually cured of its dyspepsia, and could eat and digest ordinary food such as children of that age may do in good health. The parents of the child believe firmly (as I do) that Lactopeptine saved their infant.

In cholera infantum, in diarrhœa, and in all of the disturbances of the alimentary canal, during dentition and early infant life, I find Lactopeptine an ever-effective and reliable remedy. In adult dyspepsia, all are now familiar with its beneficial effects; but I should be glad if the profession would be induced to try it in the vomitings, diarrhœas and dyspepsias of infancy. I recall several babies whose lives I believe I could have saved had I known, ten years ago, what I do now of the ready adaptability of Lactopeptine to infants' ailments.—R. WALKER BEERS, M. D., in the *Medical Brief*.

Angola, La.

BROMIDIA

THE HYPNOTIC.

FORMULA.—

Every Fluid drachm contains 15 grs. EACH of pure Chloral Hydrat. and purified Brom. Pot. and $\frac{1}{8}$ gr. EACH of gen. imp. ext. Cannabis Ind. and Hyoscyam.

DOSE.—One half to one fluid drachm in WATER or SYRUP every hour until sleep is produced.

INDICATIONS.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, &c. In the restlessness and delirium of Fevers, it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

PAPINE

THE DE-NARCOTIZED OPIATE.

Papine is the Anodyne or pain relieving principle of Opium, the Narcotic and Convulsive elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, &c.

INDICATIONS.—

Same as Opium or Morphia.

DOSE.—ONE FLUID DRACHM represents the Anodyne principle of $\frac{1}{8}$ grain of Morphia.

IODIA

The Alterative and Uterine Tonic.

FORMULA.—

Iodia is a combination of Active Principles obtained from the Green Roots of STILLINGIA, HELONIAS, SAXIFRAGA, Menispermum and Aromatics. Each fluid drachm also contains five grains IODO-POTAS. and three grains PHOS-IRON.

DOSE.—One or two fluid drachms (more or less as indicated) three times a day, before meals.

INDICATIONS.—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortion and General Uterine Debility.

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NERVE-TONIC, STIMULANT AND ANTISPASMODIC.

FORMULA.—Every Fluid-Drachm represents FIVE grains EACH — Celery, Coca, Kola, Viburnum and Aromatics.

INDICATIONS.—Impotency, Spermatorrhea, Loss of Nerve-Power (so usual with Lawyers, Preachers, Writers and Business Men), Nervous Headache, Neuralgia, Paralysis, Dysmenorrhea, Hysteria, Opium-Habit, Inebriety, Prostatitis, Dyspepsia, and ALL LAQUID or DEBILITATED conditions of the System.—Indispensable to restore a patient after alcoholic excess.

DOSE.—One or two teaspoonfuls three or more times a day, as directed by the Physician.

ALETIS CORDIAL

UTERINE TONIC AND RESTORATIVE.

PREPARED FROM THE ALETIS FARINOSA OR TRUE UNICORN.

INDICATIONS.—Amenorrhea, Dysmenorrhea, Leucorrhea, Prolapsus Uteri, Sterility, to PREVENT Miscarriage, etc.

DOSE.—One teaspoonful three or four times a day.

Unrivalled as a Uterine Tonic in Irregular, Painful, Suppressed or Excessive Menstruation
IT RESTORES NORMAL ACTION TO THE UTERUS, AND IMPARTS VIGOR TO
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Where Women have aborted during previous Pregnancies, or in any case where abortion is feared, the Aletris Cordial is indicated, and should be continuously administered during entire gestation.

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A MILD, SAFE AND PLEASANT APERIENT.

Prepared from Manna, Purified Cathartic Acid, and Fruit Juices.

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DOSE.—ONE or MORE teaspoonfuls as directed by the Physician.

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A NON-ALCOHOLIC LIQUID.

WHITE

A MOST VALUABLE NON-IRRITATING MUCOUS ASTRINGENT.

INDICATIONS.—Albuminuria, Diarrhea, Dysentery, Night-Sweats, Hemorrhages, Profuse Expectoration, Catarrh, Sore Throat, Leucorrhea, and other Vaginal Diseases, Piles, Sores, Ulcers, Burns, Scalds, Gonorrhea, Gleet, Etc.

When Used as an Injection, to Avoid Staining of Linen, the WHITE Pinus should be Used.

Recommended by DR. J. MARION SIMS, and other Prominent Physicians.

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In chemical composition, Cosmoline (Unguentum Petrolei) is an oleaginous hydrocarbon corresponding to the heavy petroleum oils, and containing a large amount of the paraffines and olefines of the formulæ $C_{16}H_{34}$ and $C_{16}H_{32}$. It contains but a small percentage of the paraffines and olefines, corresponding to the formulæ C_7H_{16} and C_7H_{14} respectively, and the offensive and irritating properties of the crude oil have been carefully removed. In the process of purification no acids, alkalies or other chemicals are employed and no injurious additions of any kind are made to the natural product. The result is a semi-solid, translucent substance, with a faint odor, and unctuous feel.

Cosmoline (Unguentum Petrolei) melts at about 109° Fah. (38° Cent.); and boils at about 625° Fah. (329° Cent.); its specific gravity is about 0.875 at 60° Fah.

As it contains no oxidizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.

291 MADISON AVENUE, NEW YORK, February 26, 1878.

I have examined the preparation of Cosmoline as manufactured by E. F. Houghton & Co., Philadelphia, and believe them well adapted to the purposes for which they are designed. As lubricants and as the base of simple or medicated ointments, they have a decided advantage over the fixed oils and fatty substances in ordinary use, in that they do not become rancid, and do not acquire irritating qualities from atmospheric exposure.

ALFRED C. POST, M. D., LL. D.,
*Emeritus Professor of Clinical Surgery in the University of New York,
 Visiting Surgeon to Presbyterian Hospital, etc.*

218 SOUTH SIXTEENTH ST., PHILADELPHIA, July 7, 1880.

Messrs. E. F. HOUGHTON & Co.:

Gents—The petroleum product prepared by you and supplied to physicians under the name of Cosmoline (Unguentum Petrolei), was first brought to my notice while I was resident physician in the Pennsylvania Hospital, and it at once commended itself to me as a bland emollient, as an elegant substitute for carbon oil in burns and scalds, as a protective in excoriations and certain diseases of the skin, and as an excipient in the place of lard for applications to the eye and ear. For the last two years I have used the plain Cosmoline, both in Hospital and in private practice, in Gynecological and Obstetrical cases, with perfect satisfaction, and consider it much superior to Olive Oil, which is so generally used. Carbolated Cosmoline is a useful combination, but the rose-scented Cosmoline is, beyond all question, a work of art, which cannot be too highly commended. I have the honor to be

Very respectfully yours,

FRANK WOODBURY, M. D.
Physician to German Hospital.

Messrs. E. F. HOUGHTON & Co.:

PHILADELPHIA, July 10, 1880.

I have for a number of years made extensive use of Cosmoline (Unguentum Petrolei) and consider it a most valuable article for surgical purposes. Either as a dressing by itself or as a vehicle for the application of medicaments, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature.

Yours truly,

JOHN H. PACKARD, M. D.

Messrs. E. F. HOUGHTON & Co.:

1931 WALNUT STREET, PHILADELPHIA.

I have used extensively Cosmoline (Unguentum Petrolei) both in dispensary and private practice, with very great satisfaction. As a vehicle for making ointments it is invaluable and far superior to lard, for the reason that it will not become rancid or undergo chemical change like the latter, when exposed to the atmosphere. I cannot too highly commend it as an application in various skin diseases.

Yours truly,

JOHN V. SHOEMAKER, A. M., M. D.

Physician to the Pennsylvania Free Dispensary for Skin Diseases.

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In digestive power it corresponds to the standard adopted by the Committee on the 6th Revision of the U. S. Pharmacopœia, which is as follows:

One part dissolved in 500 parts of water, acidulated with 7.5 parts of hydrochloric acid should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

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which possesses eight times the digestive power of the Saccharated; particularly recommended to manufacturers.

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a very active and palatable medicine, containing 4 per cent. of Saccharated Pepsin dissolved in acidulated water and glycerine.

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

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The efficacy of such a combination of remedial agents in the treatment of pulmonary weakness, or any form of debility, has been clearly demonstrated in the actual experience of our best Practitioners. In CONSUMPTION and other WASTING DISEASES it has proved invaluable. Nutritive Tonic and Restorative, palatable and agreeable. Handsomely put up in pint flint bottles and cartons. Price \$1.00 per bottle.

Formula, each fluid ounce contains:

HYPOPHOSPHITES SODA.....	2	gts.
" LIME.....	1½	"
" IRON.....	1½	"
" QUININE.....	¾	"
" MANGANESE.....	1½	"
" STRYCHNINE.....	1-16	"

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The well known stimulant virtues of the best select grade of Coca Leaves are represented in this preparation combined with a very fine article of pure Imported Malaga Wine. It is recommended in cases of nervous prostration, general debility, etc.

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One fluidrachm of Robinson's Lime Juice and Pepsin, mixed with one fluidounce Distilled Water and six minims Hydrochloric Acid will digest at least 100 grains of hard boiled Egg-albumen finely cut, if kept at a temperature of 100 deg. Fahr. for 4 to 6 hours. The mixture to be occasionally shaken *Grateful to the taste.* Prescribed by leading Physicians. Handsomely put up.

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SYRUP IRON, free from taste and acid.

SYRUP PHOSPH. IRON, QUININE

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SYRUP LACTO-PHOS. LIME and

PEPSINE.

SYRUP LACTO-PHOS. LIME and

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WINE, BEEF and IRON.

WINE, BEEF, IRON and CINCHONA.

WINE, PEPSINE.

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WINE CINCHONA, (Quinquina Robi-

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WINE CINCHONA, FERRUGINEUX,

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WINE WILD CHERRY.

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FLUID EXTRACT ERGOT prepared from the selected grains, and all fluid Extracts of STANDARD STRENGTH.

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The most important Remedial Agent ever presented to
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DYSPEPSIA, VOMITING IN PREGNANCY, CHOLERA INFANTUM
CONSTIPATION, AND ALL DISEASES ARISING
FROM IMPERFECT NUTRITION.

LACTOPEPTINE precisely represents in composition the natural digestive juices of the Stomach, Pancreas and Salivary Glands, and will, therefore, readily dissolve all foods necessary for the recuperation of the human organism.

LACTOPEPTINE

— IS COMPOUNDED WITH —

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and various medications required in general practice, in the form of ELIXIRS
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Special Notice to the Medical Profession.

Whenever satisfactory results are not obtained from the administration of **Lactopeptine**, we will consider it a favor if such facts are reported to us, for there can be no doubt that substitution of Pepsin or some of the cheap imitations of Lactopeptine has been practiced, whenever the therapeutic activity of Lactopeptine is not uniformly demonstrated in its indications.

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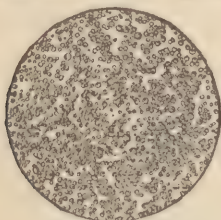
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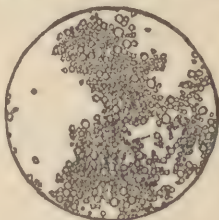
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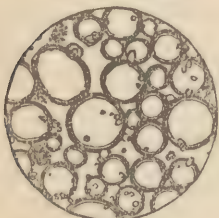
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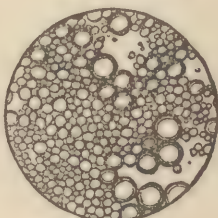
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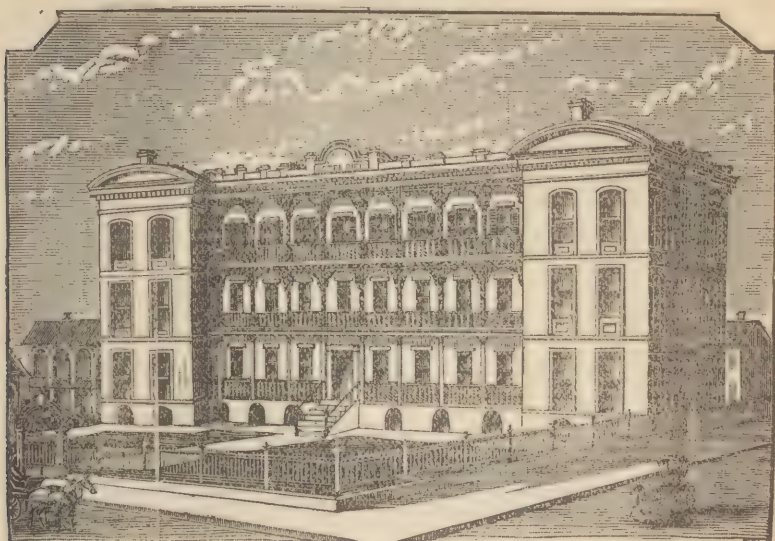
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For the past twenty-five years, "VIN MARIANI COCA" has been prescribed by the medical profession, and has invariably given uniformly good results. As a tonic and strengthener of the nervous system, with especial good effects on the respiratory and digestive organs, it is pronounced superior to any other adjuvant. Owing to the large demand for Vin Mariani, a number of imitations and substitutions are being forced on patients (where physicians do not especially specify "VIN MARIANI"), and we would respectfully call your attention to this fact, as being the cause of the failure to secure good effects in many cases where Coca is prescribed. We thank you for kindly aiding us in our endeavors to popularize a truly useful and worthy medicament among the profession, and remain, at your service,

Most respectfully,

PARIS,

MARIANI & CO.,

41 BOULEVARD HAUSSMANN.

127 FIFTH AVE., NEW YORK.

Correspondence from Physicians Solicited.

TREATISE, 53 pages (translated from the French), will be sent gratis and postpaid, if this JOURNAL is mentioned.

P. S.—Price for VIN MARIANI is reduced ; and where Druggists do not keep it, we will supply it to patients by the case of twelve bottles for twelve dollars.

To Physicians, for own use, a special discount will be made.

FINE SPECIALTIES

—OF—

THE WM. S. MERRELL CHEMICAL CO., CINCINNATI.

Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Malha, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

Approximate Solubility in Cold Water,	-	-	-	-	2½ gr. to 1 oz.
" " " Hot Water,	-	-	-	-	12 " 1 "
" " " Alcohol,	-	-	-	-	¾ " 1 "

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable.
Dose.—¼ to ½ grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

R Hydrastia Sulph. pure,	-	-	-	-	-	grs. x.	} Mix.
Mucilage Acadia,	-	-	-	-	-	oz. i. j.	
Aqua Rosæ,	-	-	-	-	-	oz. iv.	

Use ¼ oz. as an injection.

Dr. J. M. Schudder's Formula for its use in Habitual Constipation.

R Hydrastia Sulph. pure,	-	-	-	-	¾ gr.	} Make one pill.
Podophyllin,	-	-	-	-	1-20 "	

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," "Fluid Hydrastis."

Sanguinarina Nitrate.—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In *Diphtheria*, *Bronchitis*, *Pneumonia* and *Laryngitis*, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

Concentrated Nitrous Ether.—Merrell.

For extemporaneous preparation of Spirits of Nitrous Ether, U. S. P.

Pepsin. (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

Boro-Glycerine.—Merrell.

The new Antiseptic. Solid and Solution. *Solid*, contains 92 parts Pure Glycerine and 62 parts Boracic Acid. *Solution*, 50 per cent., contains one-half an ounce solid Boro-Glycerine to each fluid ounce of liquid.

Solution Bismuth and Hydrastia.—Merrell.

Colorless, and highly perfumed. A solution of the double Citrate of Bismuth and Hydrastia (*White Alkaloid*), adapted to the local treatment of diseased mucous tissues. Each fluid-dram contains 2½ grains, 25 per cent. of which consists of Hydrastic Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

Salicylic Acid, (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is *less irritating* and better borne by the stomach when used internally; and as an external application is *more bland* than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic, Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

Tincture Gelsemium.—Merrell.

Green Root only used. A specialty with us since its first introduction in 1852. This remedy carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the *Materia Medica*.

Send for circular giving "Special Therapeutics."

Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to *color* and *flavor*; characteristic richness as a *nutritive food* or per centage of *active Diastase*.

Liquor Secalis Purificatus.—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is specially valuable for *Hypodermic Medication* and *topical application*; for which purpose the Official Fluid Extract is not admissible.

READING NOTICE.

We take pleasure in calling the attention of our readers to the advertisement of Messrs John Wyeth & Brother, relating to their Compressed Hypodermic Tablets. We have been favored by this house with some samples of their products in this line, and as regards beauty of finish, speedy solubility, absolute accuracy in weight, they fulfill all the manufacturers say and claim for them. It is scarcely necessary for us to say here, anything in regard to the reputation of John Wyeth & Brother. They have been the pioneers in aiding and abetting the medical profession in many advances in pharmacy for the past 25 years, but we doubt, if anything they have ever produced heretofore can excel the perfection to which they have brought this series of invaluable agents. Their list, just published, contains some twenty seven new combinations and now embraces the most complete series of medicaments for subcutaneous administration, existing. It comprises all the new and rare alkaloids that have come into general use, within the last few years; Cocaine, Duboisine, Hyoscyamine, Picrotoxine, Coninine, Curarine, Eserine, Physostygmine.

Owing to their rapid and almost instantaneous solubility, they are as efficient for internal administration as a solution.

We congratulate the profession, that they have at their command such a valuable addition to their armamentarium.

(Signed)

THE EDITORS.

As to the Efficacy of Coca Preparations.

Br H. LIBERMAN, M. D., Paris, Surgeon-Major, Officer of the Legion of Honor, etc.

I desire to state for the benefit of my colleagues the results which I have obtained during my long career as a military surgeon by the use of *Vina Coca Mariani*. Briefly stated, I have used it with the greatest success in profound senecemia, resulting from long arduous campaigns in tropical countries, and in the gastro-intestinal irritation with loss of appetite and dyspepsia, which is such a frequent accompaniment of this condition. Two or three wine-glasses of *Vin Mariani* each day relieved the debility with wonderful rapidity, inasmuch as the tolerance of the stomach for nourishing food and the appetite were restored by its administration. Mariani's wine is vastly superior to the wine of quinia, since the latter by augmenting the gastro-intestinal irritation interferes with alimentation, and consequently with repair, thereby aggravating the anæmia instead of ameliorating it.

I have also employed it in those cases of chronic alcoholism, fortunately rare in the French army, which follow the abuse of absinthe and strong liquors. Mariani's wine, while producing primarily a certain amount of cerebral stimulation, exercised a predominant sedative effect upon the nervous system. I have, moreover, witnessed the spectacle of hardened drunkards giving up their pernicious habits and returning to a normal condition under the influence of this treatment.

I have also employed Mariani's wine successfully in the treatment of the tobacco habit. A few glasses of the wine, taken in small swallows or mixed with water, were sufficient to replace both pipes and cigars, since the patients obtained the cerebral stimulation which they sought for, albeit unconsciously.

I have also employed it in chronic bronchitis, and even in pulmonary phthisis. Mariani's wine augments the appetite and diminishes the cough in both these conditions. When combating the cough I have given it mixed with water, a wine-glass of the wine to a tumbler of spring water.

Finally, I have employed it in the convalescence following typhoid fever with the greatest success, and this in cases where the irritability of the stomach was so great that no wine, not even Bordeaux, could be tolerated.

To recapitulate, I am convinced that Mariani's wine is the most potent arm which can be placed in the hands of the military surgeon for the purpose of combating the sickness, infirmities and vicious habits engendered by campaigning and the hardships of military life. I will also state that whenever any other than Mariani's preparation of Coca were used, the results intended were not produced; quite the contrary; bad effects and even unpleasant complications were noticeable, and to this I call the special attention of the physician.

W. H. WOLFORD, 2634 State St., Chicago, Ills.—I have used Peacock's Bromide in a number of cases with the best results, especially in epilepsy, one case in particular, C. S., a railroad man, having been compelled to quit work on account of the paroxysms coming on every day. After one week's treatment with Peacock's Bromides, the attacks were considerably lessened; now, after two months' treatment, he seems entirely cured and has resumed work. Any case where there is a nerve sedative indicated I can cheerfully recommend Peacock's Bromides.

EROMIDIA

THE HYPNOTIC.

FORMULA.—

Every Fluid drachm contains 15 grs. EACH of pure Chloral Hydrat. and purified Brom. Pot. and $\frac{1}{8}$ gr. EACH of gen. imp. ext. Cannabis Ind. and Hyoscyam.

DOSE.—One half to one fluid drachm in WATER or SYRUP every hour until sleep is produced.

INDICATIONS.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, &c. In the restlessness and delirium of Fevers, it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

PAPINE

THE DE-NARCOTIZED OPIATE.

Papine is the Anodyne or pain relieving principle of Opium, the Narcotic and Convulsive elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, &c.

INDICATIONS.—

Same as Opium or Morphia.

DOSE.—ONE FLUID DRACHM represents the Anodyne principle of $\frac{1}{8}$ grain of Morphia.

IODIA

The Alterative and Uterine Tonic.

FORMULA.—

Iodia is a combination of Active Principles obtained from the Green Roots of STILLINGIA, HELONIAS, SAXIFRAGA, Menispermum and Aromatics. Each fluid drachm also contains five grains IODO-POTAS. and three grains PHOS-IRON.

DOSE.—One or two fluid drachms (more or less as indicated) three times a day, before meals.

INDICATIONS.—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortion and General Uterine Debility.

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CHEMISTS' CORPORATION,

BRANCHES:

ST. LOUIS, MO.

76 New Bond Street, London, W.

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CELERINA

NERVE-TONIC, STIMULANT AND ANTISPASMODIC.

FORMULA.—Every Fluid-Drachm represents FIVE grains EACH — Celery, Coca, Kola, Viburnum and Aromatics.

INDICATIONS.—Impotency, Spermatorrhea, Loss of Nerve-Power (so usual with Lawyers, Preachers, Writers and Business Men), Nervous Headache, Neuralgia, Paralysis, Dysmenorrhea, Hysteria, Opium-Habit, Inebriety, Prostatitis, Dyspepsia, and ALL LAQUID or DEBILITATED conditions of the System.—Indispensable to restore a patient after alcoholic excess.

DOSE.—One or two teaspoonfuls three or more times a day, as directed by the Physician.

ALETIS CORDIAL

UTERINE TONIC AND RESTORATIVE.

PREPARED FROM THE ALETIS FARINOSA OR TRUE UNICORN.

INDICATIONS.—Aménorrhœa, Dysmenorrhœa, Leucorrhœa, Prolapsus Uteri, Sterility, to PREVENT Miscarriage, etc.

DOSE.—One teaspoonful three or four times a day.

Unrivalled as a Uterine Tonic in Irregular, Painful, Suppressed & Excessive Menstruation
IT RESTORES NORMAL ACTION TO THE UTERUS, and IMPARTS VIGOR TO THE ENTIRE UTERINE SYSTEM.

Where Women have aborted during previous Pregnancies, or in any case where abortion is feared, the Aletris Cordial is indicated, and should be continuously administered during entire gestation.

ACID MANNATE

A MILD, SAFE AND PLEASANT APERIENT.

Prepared from Manna, Purified Cathartic Acid, and Fruit Juices.

INDICATIONS.—Constipation, Biliousness, Congestions, Etc. **INDISPENSABLE AS AN APERIENT FOR WOMEN DURING PREGNANCY.** In teaspoonful doses, 3 times a day, it favors the SECRETION and EXCRETION of bile, and gradually removes the congested and torpid states of the liver, and keeps the bowels in a regular and soluble condition.

DOSE.—ONE or MORE teaspoonfuls as directed by the Physician.

S. H. KENNEDY'S CONCENTRATED EXTRACT OF PINUS CANADENSIS

DARK

A NON-ALCOHOLIC LIQUID.

WHITE

A MOST VALUABLE NON-IRRITATING MUCOUS ASTRINGENT.

INDICATIONS.—Albuminuria, Diarrhea, Dysentery, Night-Sweats, Hemorrhages, Profuse Expectoration, Catarrh, Sore Throat, Leucorrhœa, and other Vaginal Diseases, Piles, Sore, Ulcers, Burns, Scalds, Gonorrhœa, Gleet, Etc.

When Used as an Injection, to Avoid Staining of Linen, the WHITE Pinus should be Used.

Recommended by DR. J. MARION SIMS, and other Prominent Physicians.

RIO CHEMICAL COMPANY, ST. LOUIS.

LONDON.

PARIS

Samples FREE to any Physician who will pay Express charges, and mention this Journal.



Put up in 1 lb. Cans, 5 lb. Cans, 10 lb. Cans, 25 lb. Cans, 50 lb. Cans, 100 lb. Cans.
 SAMPLES FURNISHED ON APPLICATION. The Post-Office Laws forbid anything of an oleaginous nature being sent through the mails.

In chemical composition, Cosmoline (Unguentum Petrolei) is an oleaginous hydrocarbon corresponding to the heavy petroleum oils, and containing a large amount of the paraffines and olefines of the formulae $C_{16}H_{34}$ and $C_{16}H_{32}$. It contains but a small percentage of the paraffines and olefines, corresponding to the formulae C_7H_{16} and C_7H_{14} respectively, and the offensive and irritating properties of the crude oil have been carefully removed. In the process of purification no acids, alkalies or other chemicals are employed and no injurious additions of any kind are made to the natural product. The result is a semi-solid, translucent substance, with a faint odor, and unctuous feel.

Cosmoline (Unguentum Petrolei) melts at about 109° Fah. (38° Cent.); and boils at about 625° Fah. (329° Cent.); its specific gravity is about 0.875 at 60° Fah.

As it contains no oxidizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.

291 MADISON AVENUE, NEW YORK, February 26, 1878.

I have examined the preparation of Cosmoline as manufactured by E. F. Houghton & Co., Philadelphia, and believe them well adapted to the purposes for which they are designed. As lubricants and as the base of simple or medicated ointments, they have a decided advantage over the fixed oils and fatty substances in ordinary use, in that they do not become rancid, and do not acquire irritating qualities from atmospheric exposure.

ALFRED C. POST, M. D., LL. D.,
*Emeritus Professor of Clinical Surgery in the University of New York,
 Visiting Surgeon to Presbyterian Hospital, etc.*

218 SOUTH SIXTEENTH ST., PHILADELPHIA, July 7, 1880.

Messrs. E. F. HOUGHTON & Co.:

Gents—The petroleum product prepared by you and supplied to physicians under the name of Cosmoline (Unguentum Petrolei), was first brought to my notice while I was resident physician in the Pennsylvania Hospital, and it at once commended itself to me as a bland emollient, as an elegant substitute for carbon oil in burns and scalds, as a protective in excoriations and certain diseases of the skin, and as an excipient in the place of lard for applications to the eye and ear. For the last two years I have used the plain Cosmoline, both in Hospital and in private practice, in Gynecological and Obstetrical cases, with perfect satisfaction, and consider it much superior to Olive Oil, which is so generally used. Carbollated Cosmoline is a useful combination, but the rose-scented Cosmoline is, beyond all question, a work of art, which cannot be too highly commended. I have the honor to be

Very respectfully yours,

FRANK WOODBURY, M. D.
Physician to German Hospital.

Messrs. E. F. HOUGHTON & Co.:

PHILADELPHIA, July 10, 1880.

I have for a number of years made extensive use of Cosmoline (Unguentum Petrolei) and consider it a most valuable article for surgical purposes. Either as a dressing by itself or as a vehicle for the application of medicaments, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature.

Yours truly,

JOHN H. PACKARD, M. D.

Messrs. E. F. HOUGHTON & Co.:

1031 WALNUT STREET, PHILADELPHIA.

I have used extensively Cosmoline (Unguentum Petrolei) both in dispensary and private practice, with very great satisfaction. As a vehicle for making ointments it is invaluable and far superior to lard, for the reason that it will not become rancid or undergo chemical change like the latter, when exposed to the atmosphere. I cannot too highly commend it as an application in various skin diseases.

Yours truly,

JOHN V. SHOEMAKER, A. M., M. D.
Physician to the Pennsylvania Free Dispensary for Skin Diseases.

Prepared by E. F. HOUGHTON & Co., 211 S. Front St., Philadelphia.

PEPSIN.

E. SCHEFFER,

Louisville, Ky.

Manufactures by his Improved Method

SACCHARATED PEPSIN,

which has proven its superiority over other Pepsins by its stability and uniformity, and by its agreeable taste.

In digestive power it corresponds to the standard adopted by the Committee on the 6th Revision of the U. S. Pharmacopœia, which is as follows:

One part dissolved in 500 parts of water, acidulated with 7.5 parts of hydrochloric acid should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

CONCENTRATED DRY PEPSIN,

which possesses eight times the digestive power of the Saccharated; particularly recommended to manufacturers.

LIQUID PEPSIN,

a very active and palatable medicine, containing 4 per cent. of Saccharated Pepsin dissolved in acidulated water and glycerine.

LACTOPEPTINE

The most important Remedial Agent ever presented to
the Profession for

**DYSPEPSIA, VOMITING IN PREGNANCY, CHOLERA INFANTUM
CONSTIPATION, AND ALL DISEASES ARISING
FROM IMPERFECT NUTRITION.**

LACTOPEPTINE precisely represents in composition the natural digestive juices of the Stomach, Pancreas and Salivary Glands, and will, therefore, readily dissolve all foods necessary for the recuperation of the human organism.

LACTOPEPTINE

— IS COMPOUNDED WITH —

**GENTIAN, IRON, STRYCHNIA, BISMUTH, QUINIA, CALISAYA
CINCHONA AND PHOSPHATES.**

and various medications required in general practice, in the form of **ELIXIRS
SYRUPS, LIQUIDS, ETC.**

Special Notice to the Medical Profession.

Whenever satisfactory results are not obtained from the administration of **Lactopeptine**, we will consider it a favor if such facts are reported to us, for there can be no doubt that substitution of Pepsin or some of the cheap imitations of Lactopeptine has been practiced, whenever the therapeutic activity of Lactopeptine is not uniformly demonstrated in its indications.

BOX 1574.

THE NEW YORK PHARMACAL ASSOCIATION,

"Send address for our New Medical Almanac, containing valuable information."

PEACOCK'S BROMIDES

(SYR: BROM: COMP: PEACOCK)


NERVE AND BRAIN SEDATIVE.

Each fluid drachm represents fifteen grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium, and Lithium.

USES.—Epilepsy, and all Congestive, Convulsive, Spasmodic, and Reflex Neuroses.

DOSE.—One to two FLUID drachms, in WATER, three or more times a day.

CAUTION.—The popularity of "Peacock's Bromides" has caused several parties to claim that they can put it up "just as good." THIS IS NOT TRUE. No mere simple combination of Bromide Salts IS AT ALL COMPARABLE with this preparation in Purity, Safety, and Therapeutic Value, and due caution should be used to prevent substitution in all cases.

 Sample and Pamphlet FREE to any Physician who will pay Express charges.

PEACOCK CHEMICAL CO., St. Louis.

TAKE ONLY AND INSIST ON "THE BEST OF AMERICAN MANUFACTURE."

PLANTEN'S CAPSULES

KNOWN AS RELIABLE FIFTY YEARS "FOR GENERAL EXCELLENCE IN MANUFACTURE."

H. PLANTEN & SON (Established 1836), 224 William St., N.Y.


HARD & SOFT.—ALL KINDS FILLED.

(9 SIZES:) 3, 5, 10 and 15 Minims; and 1, 2, 1-2, 5, 10 and 15 Grammes.

NEW KINDS:

OF OIL WINTERGREEN, APIOL-PEARLS, PURE SANDALWOOD OIL, SANDALWOOD OIL AND CASSIA, OIL JUNIPER, ETC., ETC.

NEWLY IMPROVED EMPTY.—Empty for Powders and Solids, 8 sizes, trial box by mail, 25 cts. Empty for Liquids, 3 sizes. Empty for Rectal (Suppository), 3 sizes. Empty for Vaginal, 6 sizes. Empty for Horses and Cattle, 5 Sizes.

 **CAPSULES FOR MECHANICAL PURPOSES.** 

N.B.—We make all kinds of Capsules to order. New articles in Capsuling and Private Formulas a Specialty.

SOLD BY ALL DRUGGISTS.

SPECIFY PLANTEN'S.

SAMPLES FREE.

R. N. GIRLING & CO., Chemists and Druggists,

Corner St. Charles and Washington Avenues.

Accuracy in preparing prescriptions an absolute purity of drugs and medicines guaranteed.

R. N. GIRLING has no connection with any other drug store.

ARLAUD'S STRENGTHENING * ELIXIR.

This new preparation has already won its laurels; it has received the prize medal at the North, Central and South American Exposition as the latest and best discovery of the age. It will cure difficult and scanty menses, anemia, chlorosis, leucorrhœa, constipation, diarrhœa, nervous prostration, and is the only panacea for convalescence following acute and chronic diseases. For sale by all druggists. Price One Dollar a Bottle.

Cor CUSTOMHOUSE and DAUPHINE STS.

These preparations may be relied upon as being accurately and skillfully prepared, from the best materials.

ROBINSON'S HYPOPHOSPHITES.

Nutritive, Tonic and Restorative, palatable and agreeable.

Each fluid ounce contains:

HYPOPHOSPHITES SODA.....	2	grs.
" LIME.....	1½	"
" IRON.....	1½	"
" QUININE.....	¾	"
" MANGANESE.....	1½	"
" STRYCHNINE.....	1-16	"

DOSE: 1 to 4 Fldrs.

The efficacy of such a combination of remedial agents in the treatment of pulmonary weakness, or any form of debility, has been clearly demonstrated. In CONSUMPTION and other WASTING DISEASES and in STRUMOUS affections it has proved invaluable. In **pint bottles, Price \$1.00.**

ROBINSON'S WINE OF COCO.

The stimulant virtues of the best select grade of **Coca Leaves** are represented in his preparation combined with a very fine article of pure **Imported Malaga Wine**. It is recommended in cases of nervous prostration, general debility, etc.

Each fluid drachm equals 7½ grains Coca Leaves. DOSE: 1 to 8 Fldrs. In **pint bottles Price \$1.00.**

ROBINSON'S LIME JUICE AND PEPSIN.

An elegant preparation, combining the reliable *digestive* properties of *Scheffer's Concentrated Pepsin*, and the *Aperient and Cholagogue* characteristics of *Pure Lime Juice* of the best quality. A valuable remedy for *Dyspepsia, Indigestion, Bilioussness, etc.*

Each fldr. digests at least 100 grs. albumen: for specific test see label.

DOSE: 1 to 4 Fldrs.

In 6 oz. Bottles.....	Price 50c.
In Pint Bottles.....	" \$1.00.

ROBINSON'S PHOSPHORIC ELIXIR.

A MODIFIED AND IMPROVED FORM OF

CHEMICAL FOOD.

Each fluidounce represents:

PHOSPHATE SODIUM.....	12	grains.
" POTASSIUM.....	4	"
" CALCIUM.....	4	"
" IRON.....	2	"
FREE MONOHYDRATED PHOSPHORIC ACID.....	16	"

Therefore is approximately equal to thirty (30) grains of Monohydrated Phosphoric Acid, *free and combined.*

Equal in therapeutical value to the old reliable Parrish Chemical Food, or any similar combination of Phosphates, and in elegance of appearance and palatably far superior. The full benefit of Phosphoric Acid and the above named Phosphates as a remedy for *Nervous Exhaustion, General Debility, Deranged Digestion, Renal Troubles, etc.*, will be derived from our "*Phosphoric Elixir.*"

DOSE.

The average dose is a dessertspoonful (2 fldrs) diluted with water to be taken immediately before, during, or after meals. In Pint Bottles, **Price \$1.00.**

May be obtained through retail Druggists. If the nearest Druggist is not supplied, we will forward either article by Express prepaid upon receipt of the retail price.

We invite a trial of our preparations. Please specify Robinson's. We are confident you will be pleased with them.

R. A. ROBINSON & CO.,

Manufacturing Pharmacists,

Established 1842,

LOUISVILLE, KY,

SHARP & DOHME, Manufacturing Chemists, BALTIMORE, MD.

Manufacturers of all the officinal and other standard
FLUID, SOLID AND POWDERED EXTRACTS,

Including all the NEW REMEDIES;

PURE CHEMICALS, ELIXIRS, SYRUPS, DIALYSED IRON,
SACCHARATED PEPSIN, (U.S.P.)

GRANULAR EFFERVESCENT SALTS,

COMPRESSED TABLETS,

COMPRESSED LOZENGES,

TABLET TRITURATES, ETC., ETC.

SOLUBLE GELATINE COATED AND SUGAR COATED PILLS,

Comprising all the officinal and other well-known favorite formulæ.

These PILLS are all Prepared with the Utmost Care, under our Immediate
Supervision.

The DRUGS entering into their Composition are of the Best Quality.

The Quantities and Proportions are Invariably as Represented on the Labels

The Excipients to make the Masses are Carefully Chosen in each Case, to
make the Pill Permanently Soluble in the Fluids of the Stomach and
Bowels.

The Sugar Coating and Gelatine Coating will be found very Soluble, and
not excelled by any other in point of Beauty or Finish.

Physicians will find our **Pil: Lapacticæ (S. & D's.)**

RECENTLY INTRODUCED BY US

Composition: { Aloni, 1-4 gr. Extr. Bellad, 1-8 gr. }
 { Strychnine, 1-60 gr. Ipecac, 1-16 gr. }

An elegant and most efficient combination for the relief of Habitual Con-
stipation, Atonic Dyspepsia, Biliary Engorgement, and many gastric disorders.

Sample sent upon application.

WE CALL SPECIAL ATTENTION TO OUR

SOLUBLE HYPODERMIC TABLETS.

These Tablets are quickly and perfectly soluble in cold or warm water.

They combine accuracy of dose with perfect preservation of the active in-
gredient.

The base with which the latter is combined is perfectly harmless
and unobjectionable.

They will cause no abscesses.

They will not become insoluble by age.

They may also be administered by the mouth.

Catalogues giving Composition, Doses, etc., of all our Preparations Mailed
to Physicians by applying to us direct, or to our wholesale agents,

I. L. LYONS & CO.,

IMPORTERS AND WHOLESALE DRUGGISTS,

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I. L. LYONS & CO.,

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Druggists & Pharmacists,

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Drugs, Chemicals, Essential Oils,

Chemical Apparatus, Surgical Instruments, Electric Apparatus, Medicine Chests, Saddle Bags, Trusses, Supporters, Silk Stockings, Sponges, and all articles used in Medicine and Surgery.

FINE WINES AND LIQUORS.

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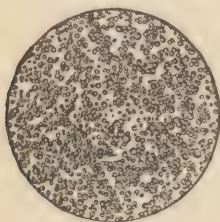
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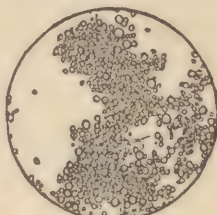
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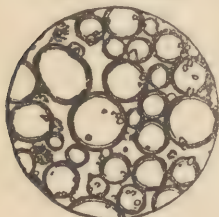
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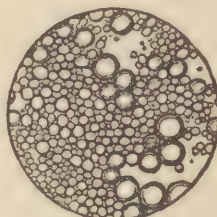
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Feb. 26, 1885. Fellow in the Johns Hopkins University, Sec'y Baltimore Micros' Society,

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
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An elegant preparation, combining the reliable *digestive* properties of *Scheffer's Concentrated Pepsin*, and the *Aperient and Cholagogue* characteristics of *Pure Lime Juice* of the best quality.

A valuable remedy for *Dyspepsia, Indigestion, Biliousness, &c.*

Each fldr, digests *at least* 100 grs. albumen; for specific test see label.

Dose: 1 to 4 Fldrs.

In 6 oz. Bottles.....Price 50c.

In Pint Bottles..... " \$1.00.

Robinson's Phosphoric Elixir.

A MODIFIED AND IMPROVED FORM OF

CHEMICAL FOOD.

Each fluid ounce represents :

PHOSPHATE SODIUM.....	12 grains.
“ POTASSIUM.....	4 “
“ CALCIUM.....	4 “
“ IRON.....	2 “
FREE MONOHYDRATED PHOSPHORIC ACID..	16 “

Therefore is approximately equal to thirty (30) grains of Monohydrated Phosphoric Acid, *free and combined*.

Equal in therapeutical value to the old reliable Parrish Chemical Food, or any similar combination of Phosphates, and in elegance of appearance and palatability far superior. The full benefit of Phosphoric Acid and the above named Phosphates as a remedy for *Nervous Exhaustion, General Debility, Deranged Digestion, Renal Troubles, etc.*, will be derived from our “*Phosphoric Elixir*.”

DOSE :

The average dose is a dessertspoonful (2 fldrs.) diluted with water to be taken immediately before, during, or after meals. In **pint** bottles.

Price \$1.00.

May be obtained through retail Druggists. If the nearest Druggist is not supplied, we will forward for trial, either article by express PREPAID upon receipt of the retail price.

We invite a trial of our preparations. Please specify Robinson's. We are confident you will be pleased with them.

R. A. ROBINSON & CO.,

MANUFACTURING PHARMACISTS,

Established 1842.

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SADDLE BAGS, FRESH HUMAN AND BOVINE VACCINE.

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Pharmaceutical and Medicinal Preparations

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During our many years experience we have always recognized the importance of establishing in our midst a LABORATORY which would enable physicians to procure at home, with a guarantee of purity and reliability, the many elegant and really scientific preparations which have of late years become so popular with practitioners and patients. Supplied with the MOST APPROVED APPARATUS and in charge of intelligent and experienced pharmacentists, we may justly claim the products of our laboratory to be excelled by none in the country, and to be far superior to most others of foreign manufacture. We cannot attempt here to enumerate all the extensive list of our preparations, and will only call attention to the leading ones, which have, by their absolute reliability, elicited the praise and approbation of the leading physicians in this city.

We also beg to add that we are prepared to manufacture at short notice any pharmaceutical preparation which physicians may be unable to procure elsewhere.

COD LIVER OIL with PHOSPHATE OF LIME;

COD LIVER OIL with LACTO-PHOSPHATE OF LIME;

COD LIVER OIL with SOLUBLE PHOSPHATE OF LIME;

COD LIVER OIL, FERRATED;

COD LIVER OIL, IODO-FERRATED;

COD LIVER OIL, PHOSPHORATED;

BERGEN COD LIVER OIL, WHITE;

BERGEN COD LIVER OIL, BROWN.

NUTRITIVE ELIXIR, (Beef, Cognac and Bitter Orange) NUTRITIVE ELIXIR, FERRATED, designed as SUBSTITUTES FOR DUCROS' ELIXIR, at more moderate prices.

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ELIXIR CALISAYA and PYROPHOS. IRON.

ELIXIR CALISAYA, IRON and STRYCHNIA.

ELIXIR CALISAYA, IRON, STRYCHNIA and BISMUTH.

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ELIXIR CIT. LITHIA.

ELIXIR PHOSPHATE IRON, QUININE and STRYCHNIA.

ELIXIR PYROPHOS. IRON, QUININE and STRYCHNIA.

ELIXIR PEPSINE.

ELIXIR PEPSINE and BISMUTH.

ELIXIR PEPSINE, BISMUTH and STRYCHNIA.

ELIXIR PEPSINE, BISMUTH, STRYCHNIA and IRON.

ELIXIR VAL. AMMONIA.

ELIXIR VAL. AMMONIA and QUININE.

ELIXIR GUARANA.

ELIXIR TARAX. COMP. for masking

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SYRUP IRON, free from taste and acid.

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Comprising all the officinal and other well-known favorite formulæ.

These **PILLS** are all Prepared with the Utmost Care, under our Immediate Supervision.

The **DRUGS** entering into their Composition are of the Best Quality.

The Quantities and Proportions are Invariably as Represented on the Labels

The Excipients to make the Masses are Carefully Chosen in each Case, to make the Pill Permanently Soluble in the Fluids of the Stomach and Bowels.

The Sugar Coating and Gelatine Coating will be found very Soluble, and not excelled by any other in point of Beauty or Finish.

Physicians will find our **Pil: Lapacticæ (S. & D's)**

RECENTLY INTRODUCED BY US

Composition: { Aloni, 1-4 gr. Extr. Bellad, 1-8 gr. }
 { Strychnine, 1-60 gr. Ipecac, 1-16 gr. }

An elegant and most efficient combination for the relief of Habitual Constipation, Atonic Dyspepsia, Biliary Engorgement, and many gastric disorders.

123rd Sample sent upon application.

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SOLUBLE HYPODERMIC TABLETS.

These Tablets are quickly and perfectly soluble in *cold* or warm water.

They combine accuracy of dose with perfect preservation of the active ingredient.

The base with which the latter is combined is perfectly harmless and unobjectionable.

They will cause no abscesses.

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FOR THE TREATMENT OF NERVOUS AND MENTAL DISEASES.

Including the Opium and Alcohol Habits; also Diseases incident to Women, Chronic Rheumatism, Skin Diseases and Dyspepsia. Seventy miles west of Cleveland in a natural grove of ten acres. Sixteen years successful operation. Means and appliances complete. Treatment by baths, electricity and massage a specialty. One of the largest medical springs in America. Elegant apartments, moderate terms.

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✓ Bone-Calcium Phosphate Ca.3. 2. P. 0.4 Sodium Phosphate Na.2. M. P. 0.4 Ferrous Phosphate Fe.3. 2. P. 0.4. Trilithrogen Phosphate S. P. 0.4.

Wheeler's Compound Elixir of Phosphates and Calissaya. A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrophula, and all forms of Nervous Debility.

The Lactophosphates prepared from the formula of Prof. Dumas, of the University of Paris, combines with a superior Permatin Sherry Wine and Aromatics in an agreeable cordial easily assimilable and acceptable to the most irritable stomachs.

Medium medical doses of Phosphorus, the exalting element of the Nerve Centers for the Generation of Nerve Force; Lime Phosphate, an agent of Cell Development and Nutrition; Soda Phosphate, an excitant of functional activity of Liver and Pancreas and Corrective of Acid Fermentation in the Alimentary Canal; Iron, the Oxidizing Constituent of the Blood for the generation of Heat and Motion; Phosphoric Acid Tonic in Sexual Debility; Alkaloids of Calissaya, Anti-Malarial and Febrifuge; Extract of Wild Cherry, uniting with tonic power the property of calming irritation and diminishing Nervous Excitement.

The superiority of the Elixir consists in uniting with the Phosphates the special properties of the Cinchona and Prunus, of subduing fever and allaying Irritation of the Mucous Membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of faulty nutrition, the outcome of Indigestion, Mal-assimilation of Food, and failure of supply of these essential elements of Nerve Force and Tissue Repair.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium and Tobacco Habits, Gestation and Lactation to promote development etc., and as a physiological restoration in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

There is no strychnia in this preparation, but when indicated the Liquor Strychnia of the U. S. Dispensatory may be added, each fluid drachm of the solution to a pound bottle of the Elixir making the 64th of a grain to a half fluid ounce, an ordinary dose, a combination of a wide range of usefulness.

DOSE.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. WHEELER, M. D., Montreal, D. C.

Put up in pound bottles and sold by all Druggists, at One Dollar.

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The most important Remedial Agent ever presented to
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DYSPEPSIA, VOMITING IN PREGNANCY, CHOLERA INFANTUM
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FROM IMPERFECT NUTRITION.

LACTOPEPTINE precisely represents in composition the natural digestive juices
of the Stomach, Pancreas and Salivary Glands, and will, therefore, readily dissolve all
foods necessary for the recuperation of the human organism.

LACTOPEPTINE

— IS COMPOUNDED WITH —

GENTIAN, IRON, STRYCHNIA, BISMUTH, QUINIA, CALISAYA
CINCHONA AND PHOSPHATES.

and various medications required in general practice, in the form of ELIXIRS
SYRUPS, LIQUIDS, ETC.

Special Notice to the Medical Profession.

Whenever satisfactory results are not obtained from the administration of
Lactopeptine, we will consider it a favor if such facts are reported to us, for there can
be no doubt that substitution of Pepsin or some of the cheap imitations of Lactopeptine
has been practiced, whenever the therapeutic activity of Lactopeptine is not uniformly
demonstrated in its indications.

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table practice, and of good moral character, are eligible.

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Liquid Beef Tonic.

ORIGINAL LABEL:

"Colden's Liebig's Liquid Extract of Beef and Tonic Invigorator."

An Invaluable Aid in Medical Practice.

Differs Essentially from all other Beef Tonics.

COLDEN'S Liquid Beef Tonic is endorsed by scores of physicians, who are growing to realize more and more its importance in repairing, in accordance with the principles of dietetics, the **waste which disease entails**. It consists of the extract of Beef (by Baron Liebig's process) spirit rendered non-injurious to the most delicate stomach by extraction of the Fusel Oil, soluble Citrate of Iron, Cinchona, Gentian, and other bitter tonics. An official analysis of this preparation by the eminent Chemist, ARTHUR HILL HASSALL, M. D., F. R. S., and an endorsement by the late SIR ERASMUS WILSON, F. R. S., are printed on the label of each bottle.

As a **nutrient**, and a **reliable tonic** in all cases of debility and weakness, Malarial Fever, Anæmia, Chlorosis, Incipient Consumption, etc., it is the best preparation ever used. It acts directly on the sentient Gastric Nerves, stimulating the follicles to secretion, and gives to weakened individuals that first prerequisite to improvement—an appetite. It strengthens the nervous system when unstrung by disease, and has been employed with remarkable success as a remedy for Drunkenness and the Opium Habit.

Its Range of Action Embraces all Cases of Debility.

In order that physicians may form some idea of the nature of its ingredients, I will upon application in person, or by letter (enclosing a card), send a sample bottle of COLDEN'S LIQUID BEEF TONIC to any physician in regular standing, in the United States. Please ask your Dispensing Druggist (if he has not already a supply) to order it. In prescribing this preparation, physicians should be particular to mention "COLDEN'S"—*viz.*: "*Ext. carnis, fl. comp. (Colden's).*" It is put up in pint bottles, and can be had of Wholesale and Retail Druggists generally throughout the United States.

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ALL physicians know that **skin diseases** are more or less constitutional, or dependent upon some specific poison in the blood, which, if eradicated by internal treatment, needs something to remove its appearance from the surface. Experience has proved that the best possible aid in the accomplishment of this end is obtained by the use of **Sulphur in soap**. GLENN'S SULPHUR SOAP is the best combination of its kind, and the one now generally used. It is for sale by all Druggists, at 25 cents a cake, or 3 cakes for 60 cents.

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Has been on trial among physicians for very many years as a Toilet Soap and Healing Agent, and its superior virtues have been unanimously conceded in all cases where the use of tar is indicated. Unsolicited expressions of its excellence have been received from the Medical Faculty generally. IT IS THE BEST TA SOAP MADE. None genuine unless stamped "A. Constantine's Persian Healing Pine-Tar Soap." For sale by all Druggists.

Samples of either of the above named Soaps will be sent free upon application in person or by letter [enclosing card] to any physician in regular standing in the United States, C. N. Crittenton, 115 Fulton St., New York. Please mention the N. O. MED. and SURG. JOURNAL.

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MALTINE is far superior in nutritive and diastatic value to any Malt Extract manufactured in the world. There is no reconstructive that equals Maltine in Phthisis and many wasting Diseases.

MALTINE, in its different forms, is the only Malt Preparation we now employ, being so palatable, digestible, and easily assimilated. Of its efficiency in appropriate cases there is no more doubt in our minds than there is of the curative power of Quinine, Cod Liver Oil, the Bromides, and the Iodides.

It deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective, and curative power, and probably the most widely useful therapeutical agents that we possess.

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MALTINE is a valuable food, a food of priceless value at times of emergency. In fact, in very grave gastric cases it is a food which may often be resorted to when at one's wits end, what to do.

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The results demonstrate conclusively the far greater diastatic value of Maltine, and enable me to state, without any qualification whatever, that it far exceeds in diastatic power any of the six preparations of Malt which I have examined.

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At the International Health Exhibition held in London, England, the only gold medal and the highest award of merit were given to Maltine by a Jury composed of the best chemists in Europe; and recent analyses made by the most reliable authorities in Europe and America prove conclusively that Maltine—in nutritive and diastatic value—is superior to all other Malt preparations now in the market.

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MALTINE (Plain.)
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MALTINE with Phosphates, Iron, Quinia and Strvchnia.
MALTINE Ferrated.
MALTO-YERBINE.
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MALTINE with Cascara Sagrada.

Send for Pamphlet giving comparative analyses by twenty of the best Analytical Chemists in this country and Europe.

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 EIGHT HOURS THE QUICKEST TO NEW YORK.

Time Table in Effect December 31, 1886.

TRAINS NORTH BOUND.			TRAINS SOUTH BOUND.		
Read Down.			Read Up.		
No. 2	No. 6		FLAG STATIONS MARKED THUS †		No. 1 No. 5
10:40 A. M.	8:00 P. M.	Leave	NEW ORLEANS.	Arrive	3:00 P. M. 7:35 A. M.
11:43 A. M.	9:10 P. M.	"	SLIDELL.	Leave	2:00 P. M. 6:28 A. M.
11:57 A. M.	† 9:23 P. M.	"	PEARL RIVER.	"	1:47 P. M. 6:14 A. M.
12:12 P. M.	† 9:39 P. M.	"	NICHOLSON.	"	1:32 P. M. 5:57 A. M.
12:22 P. M.	† 9:51 P. M.	" †	MITCHELL.	"	1:21 P. M. † 5:46 A. M.
12:30 P. M.	† 10:00 P. M.	"	HIGHLAND.	"	1:12 P. M. 5:37 A. M.
1:07 P. M.	10:36 P. M.	"	POPLARVILLE.	"	12:34 P. M. 5:00 A. M.
1:24 P. M.	† 10:51 P. M.	"	HILLSDALE.	†	12:17 P. M. 4:45 A. M.
1:39 P. M.	11:05 P. M.	"	PIOTONA.	"	12:02 P. M. † 4:30 A. M.
1:49 P. M.	11:14 P. M.	"	TALOWAH.	†	11:52 A. M. † 4:21 A. M.
2:02 P. M.	11:25 P. M.	"	PURVIS.	"	11:38 A. M. 4:09 A. M.
2:13 P. M.	11:35 P. M.	"	OKAHOLA.	"	11:27 A. M. † 4:00 A. M.
2:26 P. M.	11:45 P. M.	"	CARTER.	†	11:16 A. M. † 3:48 A. M.
3:00 P. M.	11:59 P. M.	"	HATTIESBURG.	"	11:00 A. M. 3:35 A. M.
3:16 P. M.	† 12:14 A. M.	" †	EASTABUCHEE.	†	10:46 A. M. † 3:20 A. M.
3:25 P. M.	12:24 A. M.	"	TUSCANOLA.	"	10:36 A. M. † 3:10 A. M.
3:46 P. M.	12:42 A. M.	"	ELLISVILLE.	"	10:17 A. M. 2:52 A. M.
4:01 P. M.	12:57 A. M.	"	LAUREL.	"	10:03 A. M. 2:37 A. M.
4:17 P. M.	† 1:15 A. M.	"	SANDERSVILLE.	†	9:45 A. M. † 2:21 A. M.
4:33 P. M.	1:30 A. M.	"	HEIDELBERG.	"	9:29 A. M. 2:06 A. M.
4:42 P. M.	1:37 A. M.	"	VASSBURG.	"	9:22 A. M. 1:59 A. M.
4:53 P. M.	† 1:48 A. M.	" †	BARNETT.	"	9:11 A. M. † 1:48 A. M.
5:00 P. M.	1:56 A. M.	"	PACHUTA.	†	9:03 A. M. † 1:39 A. M.
5:20 P. M.	2:18 A. M.	"	ENTERPRISE.	"	8:43 A. M. 1:19 A. M.
5:38 P. M.	"	"	CORINNE.	†	8:27 A. M.
6:00 P. M.	3:00 A. M.	Arrive	MERIDIAN.	"	8:00 A. M. 12:40 A. M.
12:30 P. M.	7:48 P. M.	"	TUSCALOOSA.	"	3:47 A. M. 8:15 P. M.
13:40 A. M.	10:00 A. M.	"	BIRMINGHAM.	"	1:40 A. M. 5:35 P. M.
3:32 A. M.	1:05 P. M.	"	ATTALLA.	"	10:31 P. M. 2:15 P. M.
7:50 A. M.	5:55 A. M.	"	CHATTANOOGA.	"	6:30 P. M. 9:15 A. M.
1:28 P. M.	1:15 A. M.	"	SOMERSET.	"	12:50 P. M. 2:27 A. M.
2:42 P. M.	2:40 A. M.	"	JUNCTION CITY.	"	11:35 P. M. 12:53 P. M.
4:12 P. M.	4:00 A. M.	"	LEXINGTON.	"	10:22 A. M. 11:20 P. M.
6:42 P. M.	6:40 A. M.	"	CINCINNATI.	"	7:55 A. M. 8:10 P. M.

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CHERRY MALT PHOSPHITES.



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This preparation is believed to be the only Malt Extract continuously acceptable to the stomach. The attention of those who have ceased prescribing other extracts of malt because of excessive sweetness is specially called to this.

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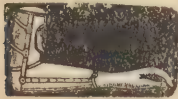
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This original and world renowned dietetic preparation is a substance of unrivaled purity, and medicinal worth, derived by chemical process from superior growths of the white and red Winter Flint Wheat Cereals, nothing more. A solid extract, the invention of an eminent French Chemist. It has been recommended and certified to by a large number of chemists and physicians—representing a very high degree of medical science—as The Salvator for Invalids and the Aged;—An Incomparable Aliment for the Growth and Protection of Infants and Children;—A Superior Nutritive in Continued Fevers, and a Reliable Remedial Agent in all Diseases of the Stomach and Intestines;—often in instances of consultation over patients whose digestive organs were reduced to such a low and sensitive condition that the Granum was the only thing the stomach would tolerate, when life seemed depending on its retention.

Unlike those preparations made from animal or vinous matter, which are liable to stimulate the brain and irritate the digestive organs, it embraces in its elementary composition—That which makes strong Bone and Muscle. That which makes good Flesh and Blood; That which is easy of Digestion—never constipating; That which is kind and friendly to the Brain, and that which acts as a preventive of those Intestinal Disorders Incidental to Childhood. And while it would be difficult to conceive of anything in Food or Dessert more Creamy and Delicious, or more Nourishing and Strengthening as an aliment in Fevers, Pulmonary Complaints, Dyspepsia, and General Debility, its Rare Medicinal Excellence in all Intestinal Diseases, especially in



CHOLERA, DYSENTERY, CHRONIC DIARRHŒA, and CHOLERA INFANTUM,
HAS BEEN INCONTESTABLY PROVEN.

Sold by Druggists.

JOHN CARLE & SONS, New York.

FRY'S PURE CONCENTRATED SOLUBLE COCOA

Prepared by a new and special Scientific Process, securing extreme solubility, and developing the finest flavour of the Cocoa.

PURE—EASILY DIGESTED—ECONOMICAL.

Malted Cocoa,

A combination of FRY'S PURE COCOA EXTRACT and CONCENTRATED EXTRACT OF MALT.

BEAUVOIR, Miss., 4th Aug., 1886.

MR. DANIEL BROWNE, New Orleans,

Dear Sir:—

The samples of Cocoa which you kindly sent have been received safely, and have been tried by my family, who consider the different preparations of cocoa unusually delicate and agreeable.

With thanks for your courtesy, believe me,
Respectfully and truly yours,

JEFFERSON DAVIS.

"Decidedly the purest article in the market. Preferable to tea and coffee, and far more healthful."

J. T. SCOTT, M. D.

"I take pleasure in testifying to the superior qualities possessed by it."

I. L. CRAWCOUR, M. D.

"They are, in my opinion, the finest preparations of Cocoa manufactured."

J. G. BELDEN, M. D.

"I have known Fry's Cocoa for over thirty years. I consider it a perfectly pure article."

R. N. GIRLING (Chemist).

"The samples of Fry's Cocoa have been carefully examined and compared with similar preparations in the market, and I find they are superior in every respect."

T. ENGELBACH (Chemist).

A sample tin of either of the above Cocos mailed to any address free of postage on receipt of twenty-five cents.

DANIEL BROWNE,

DIRECT IMPORTER AND SOLE AGENT FOR

Fry's Cocos and Chocolates,

123 & 125 POYDRAS STREET,

P. O. Box 1887.

New Orleans.

RECEIVED AT THE

World's Cotton Centennial Exposition,

ONE GOLD MEDAL FOR CARBONATED MINERAL WATERS.
ONE SILVER MEDAL FOR PHARMACEUTICAL PREPARATIONS.

—AND AT THE—

North, Central and South American Exposition,

ONE GOLD MEDAL FOR CARBONATED MINERAL WATERS.
ONE GOLD MEDAL FOR PHARMACEUTICAL PREPARATIONS.

Carbonated Lithia Water,

ITS EMPLOYMENT IN CASES OF

GOUT, URINARY DEPOSITS, GRAVEL, STONE IN THE BLADDER
AND KINDRED DISEASES.

The natural waters containing Lithia have been used with partial success only, especially in affections of the bladder and against uric acid deposits, on account of the small quantity of Lithia they contain; and not always being of standard strength. As shipped from the spring in barrels and sold on draught, it frequently becomes stringy; and even bottled it is liable to change.

The Carbonated Lithia Water manufactured by me is of standard strength, which, when the use of Lithia is indicated in diseases, is very *essential* to a *successful treatment*. Furthermore, it contains fifty times more of the pure *Lithia Salts*, than found in any of the natural springs. Dr. Alexander Ure, of London, in an article published, has called attention to the extraordinary solvent power, which Lithia in solution has on Uric Acid, with which it, unlike other alkalies, forms easily soluble combinations. Dr. Garrod, and many other practitioners found it especially useful in *gouty* affection, in fact, in maladies where there exists an inclination in the system, to form insoluble uric deposits and where a diuretic agent is needed to render the urine neutral, or even slightly alkaline.

The best method of giving Lithia is as a carbonate, and still better in a solution in a *carbonated water*.

The Carbonate of Lithia contained in the water manufactured by me is *absolutely pure*, great care being taken in its manufacture, and will be *retained in solution*, even after part of the carbonic acid gas has been allowed to escape. Each six fluid ounces contain three grains of the pure carbonate of lithia.

The water should be used in accordance with the rules required, while undergoing a regular mineral water treatment, respective to diet, etc.

DIRECTIONS—Two or three glasses in the morning at proper intervals, one glass in the evening. The water to be kept at ordinary room temperature.

Please take notice that the Lithia water as sold by the glass at soda fountains is *not the same* as the Carbonated Lithia Water offered by me.

These "substitutes" are derived from some natural production and are only charged with Carbonic acid gas. I hereby caution the profession and the public against recommending or using them, as they will not produce the same effect upon the system, as the genuine prepared only by C. L. Keppler,

461 DRYADES STREET, NEW ORLEANS.

For sale by all Druggists. Descriptive Circulars and Price List sent on application.

The only Coca Preparation endorsed by the Académie de Médecine of France.

Used in the Hospitals, Cliniques and Public Institutions throughout Europe, and by the entire Medical Profession since 1863.

Invariably uniform in its results since 25 years.

VIN MARIANI

(Erythroxyton Coca.)

THE MOST EFFICACIOUS AND AGREEABLE OF TONICS AND STIMULANTS, AND WITHOUT ANY UNPLEASANT REACTION.


FORMULA.—VIN MARIANI is the concentrated extractive of the fresh leaf of ERYTHROXYLON COCA and an excellent special quality of Bordeaux Wine, each wine-glassful containing the medicinal properties of thirty grains of the fresh *selected* leaves.

DOSE.—Usual dose is one wine-glassful about half an hour before or *immediately after* each meal; for children, half the quantity.

For twenty-five years “VIN MARIANI COCA” has been introduced exclusively to the **Medical Profession**, and has invariably given them uniformly good results in their practice. As a strengthener of the nervous system, with especial good effect on the respiratory and digestive organs, it is pronounced superior to any other adjuvant. Owing to the large demand for Vin Mariani, imitations and substitutions are being forced on patients where physicians do not especially specify.

“VIN MARIANI,”

and we would respectfully call attention to this fact, as being the cause of failure to secure good effects in many cases where COCA is prescribed.

 **TREATISE**, 53 pages (translated from the French) will be sent gratuitously and post-paid to any Physician mentioning this Journal.

Price for Vin Mariani is reduced; and where druggists do not keep it, we will supply it to patients by the case of twelve bottles for twelve dollars. Remittance in all cases must be sent with the order.

To physicians, for their own use, a discount will be made.

MARIANI & CO.,

PARIS:

41 Boulevard Haussmann.

127 FIFTH AVENUE,

NEW YORK.

Correspondence from Physicians solicited.

FINE SPECIALTIES OF THE WM. S. MERRELL CHEMICAL CO., CINCINNATI.

Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Malha, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

Approximate Solubility in Cold Water,	:	:	:	:	2½ gr. to 1 oz.
" " " Hot Water,	:	:	:	:	12 " 1 "
" " " Alcohol,	:	:	:	:	¾ " 1 "

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—¼ to ½ grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

R Hydrastia Sulph. pure,	:	:	:	:	:	grs. x.	} Mix.
Mucilage Acacia,	:	:	:	:	:	oz. i. j.	
Aqua Rosæ,	:	:	:	:	:	oz. iv.	

Use ¼ oz. as an injection.

Dr. J. M. Schudder's Formula for its use in Habitual Constipation.

R Hydrastia Sulph. pure,	:	:	:	:	½ gr.	} Make one pill.
Podophyllin,	:	:	:	:	1-20 "	

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," "Fluid Hydrastis."

Sanguinarina Nitrate.—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In *Diphtheria*, *Bronchitis*, *Pneumonia* and *Laryngitis*, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

Concentrated Nitrous Ether.—Merrell.

For extemporaneous preparation of Spirits of Nitrous Ether, U. S. P.

Pepsin. (Re-precipitated).—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

Boro-Glycerine.—Merrell.

The new Antiseptic. Solid and Solution. *Solid*, contains 92 parts Pure Glycerine and 62 parts Boracic Acid. *Solution*, 50 per cent., contains one-half an ounce solid Boro-Glycerine to each fluid ounce of liquid.

Solution Bismuth and Hydrastia.—Merrell.

Colorless, and highly perfumed. A solution of the double Citrate of Bismuth and Hydrastia (White Alkaloid), adapted to the local treatment of diseased mucous tissues. Each fluid-érachm contains 2½ grains, 25 per cent. of which consists of Hydrastic Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

Salicylic Acid, (in Crystals).—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is *less irritating* and better borne by the stomach when used internally; and as an external application is *more bland* than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic, Nasal Catarrh, Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

Tincture Gelsemium.—Merrell.

Green Root only used. A specialty with us since its first introduction in 1852. This remedy carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the Materia Medica.

Send for circular giving "Special Therapeutics."

Extract of Malt, (New Process).—Merrell.

Is without a superior in the market. We challenge comparison as to *color* and *flavor*; characteristic richness as a *nutritive food* or per centage of *active Diastase*.

Liquor Secalis Purificatus.—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is specially valuable for *Hypodermic Medication* and *topical application*; for which purpose the Official Fluid Extract is not admissible.

READING NOTICES.

The attention of the medical profession is called to the advertisement of E. Fougere. The Compound Iodinated Cod Liver Oil prepared by him, is so well known to the profession it is hardly worth while to refer to its merits. It is not a secret medicine, its formula has been published as far back as 1860. Each quart contains, in addition to the medicinal constituents of the pure Oil, 16 grains of Iodine, 2 grains of Bromine, and 2 grains of Phosphorus, which render it therapeutically five times stronger than the richest Cod Liver Oil.

In a majority of the cases, in which Cod Liver Oil is prescribed, FOUGERE'S IODINISED COD LIVER OIL will be found vastly superior in efficacy to the pure Cod Liver Oil; that physicians will obtain the desired result in a much shorter time by the increased curative action of this oil, while in many cases they will obtain favorable results, where the pure Oil would fail entirely.

The increased popularity of FOUGERE'S COMPOUND IODINISED COD LIVER OIL has induced other manufacturers to prepare and introduce into the market a Cod Liver Oil said to be similar in composition. FOUGERE'S PREPARATION has been thoroughly tested, and found to be reliable.

Mr. Fougere will cheerfully furnish any other information the profession may desire.

We would ask the special attention to the advertisement of Mr. C. L. Keppler on page 9. Mr. K. is a practical chemist and his Carbonated Lith. Water, is as stated by him a strictly first class article. Physicians who desire any information will please address Mr. Keppler who will furnish same on application.

The usefulness of good Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the Profession.

We commend to the notice of our readers the advertisement on pages 8 and 9 of this number. "ROBINSON'S HYPOPHOSPHITES" is an elegant and uniformly active preparation; the presence in it of Quinine, Strychnine, Iron, etc., adding highly to its tonic value.

Dr. John Hughson, of Sumpter S. C., writes: "I have been using the 'Iron-Alum Mass' in my practice for the last ten months with marked success in many cases of *Chronic Gastric Catarrh and Diseases Peculiar to Females, &c.*

RICHMOND, VA., January 17th, 1887.

MESSRS. BATTLE & CO.,
St. Louis, Mo.

GENTLEMEN:

Your favor of the 13th inst. is just to hand. I owe you many apologies for not answering yours of November 16th, but was under the impression till now that I had done so. The bottle of BROMIDIA came safely to hand and satisfied me beyond a doubt that the article (sample No. 2) I had been getting in my prescriptions was spurious and totally unlike the genuine, both in physical appearance and in therapeutical effects. I send you samples by express, and hope you will pardon my unintentional neglect.

Yours very respectfully.

CHAS. H. CHALKLEY, M. D.

E. FOUGERA,
MANUFACTURING PHARMACIST,
372-374 Seventh St., BROOKLYN, N. Y.
(ESTABLISHED 1849.)

FOUGERA'S

COMPOUND IODINISED

COD LIVER OIL.

FOR SALE BY PHARMACISTS IN BOTH HEMISPHERES.



FIVE TIMES

AS STRONG AS

Pure Cod Liver Oil,

AND

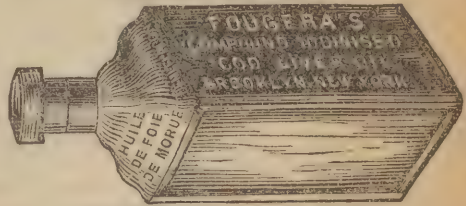
TEN TIMES

STRONGER THAN COD LIVER OIL EMULSION.



CONSUMPTION.

RICKETS.



SCROFULA.

GENERAL DEBILITY.

1 BOT. \$1.20—6 BOT. (In a box), \$6.—1 QUART, \$3.

FOUGERA'S



ELIXIR OF HORSE RADISH.

This Elixir, originated by E. FOUGERA, contains Iodine, Iron, Phosphorus, Sulphur and other active principles of anti-scorfulous and aromatic plants. Formula published*.

It acts as an alterant, diuretic, stimulant, emmenagogue and a powerful regenerator of the blood.

DOSE—For adults, a large tablespoonful at meal time; for children in proportion, adding some water. Pleasant to drink, possessing the virtues of Fougera's Cod Liver Oil, prescribed for the same diseases, it is, when the Oil disagrees, advantageously substituted to it, or a dessert spoonful of Oil mixed with or followed immediately by the same quantity of Elixir may be taken while eating.

WHEN NOT EASILY PROCURED, ADDRESS PREPAID ORDERS TO

E. FOUGERA, Brooklyn, N.Y.

*See formula in Proceedings of Am. Pharm. Ass'n, 1867, page 153.

FOR SALE BY FIRST CLASS PHARMACISTS.

PHARMACISTS may address their orders for FOUGERA and DELLUC'S PREPARATIONS to

WEEKS & POTTER, Boston.
GEO. GOODWIN & CO., Boston.
T. METCALF & CO., " "
FRENCH, RICHARDS & CO., Phila.
JOHNSTON, HOLLOWAY & CO., Phila.
FREDERICK BROWN, " "
COOK, EVERETT & PENNELL, Portland.
E. J. HART & CO., New Orleans.

F. FOUGERA, Brooklyn, N. Y.
E. FOUGERA & CO., New York.
KCKESSON & ROBBINS, " "
CH. N. CRUTTENTON, " "
F. R. AROLD & CO., " " " " " " " " " " " "
JOHN J. THOMSEN, Baltimore.
PURCELL, LADD & CO., Richmond.
DOWIE & MOISE, Charleston.

AND TO MANY OTHER SIMILAR WHOLESALE HOUSES.

CELERINA

NERVE-TONIC, STIMULANT AND ANTISPASMODIC.

FORMULA.—Every Fluid-Drachm represents FIVE grains EACH — Celery, Coca, Kola, Viburnum and Aromatics.

INDICATIONS.—Impotency, Spermatorrhea, Loss of Nerve-Power (so usual with Lawyers, Preachers, Writers and Business Men), Nervous Headache, Neuralgia, Paralysis, Dysmenorrhea, Hysteria, Opium-Habit, Inebriety, Prostatitis, Dyspepsia, and ALL LAGUID or DEBILITATED conditions of the System.—Indispensable to restore a patient after alcoholic excess.

DOSE.—One or two teaspoonfuls three or more times a day, as directed by the Physician.

ALETIS CORDIAL

UTERINE TONIC AND RESTORATIVE.

PREPARED FROM THE ALETIS FARINOSA OR TRUE UNICORN.

INDICATIONS.—Amenorrhea, Dysmenorrhea, Leucorrhea, Prolapsus Uteri, Sterility, to PREVENT Miscarriage, etc.

DOSE.—One teaspoonful three or four times a day.

Unrivalled as a Uterine Tonic in Irregular, Painful, Suppressed & Excessive Menstruation
IT RESTORES NORMAL ACTION TO THE UTERUS, AND IMPARTS VIGOR TO
THE ENTIRE UTERINE SYSTEM.

Where Women have aborted during previous Pregnancies, or in any case where abortion is feared, the Aletris Cordial is indicated, and should be continuously administered during entire gestation.

ACID MANNATE

A MILD, SAFE AND PLEASANT APERIENT.

Prepared from Manna, Purified Cathartic Acid, and Fruit Juices.

INDICATIONS.—Constipation, Biliousness, Congestions, Etc. **INDISPENSABLE AS AN APERIENT FOR WOMEN DURING PREGNANCY.** In teaspoonful doses, 3 times a day, it favors the SECRETION and EXCRETION of bile, and gradually removes the congested and torpid states of the liver, and keeps the bowels in a regular and soluble condition.

DOSE.—ONE or MORE teaspoonfuls as directed by the Physician.

S. H. KENNEDY'S CONCENTRATED EXTRACT OF PINUS CANADENSIS

DARK A NON-ALCOHOLIC LIQUID. **WHITE**

A MOST VALUABLE NON-IRRITATING MUCOUS ASTRINGENT.

INDICATIONS.—Albuminuria, Diarrhea, Dysentery, Night-Sweats, Hemorrhages, Profuse Expectoration, Catarrh, Sore Throat, Leucorrhea, and other Vaginal Diseases, Piles, Sores, Ulcers, Burns, Scalds, Gonorrhea, Gleet, Etc.

When Used as an Injection, to Avoid Staining of Linen, the WHITE Pinus should be Used.

Recommended by DR. J. MARION SIMS, and other Prominent Physicians.

RIO CHEMICAL COMPANY, ST. LOUIS.

LONDON.

PARIS

Samples FREE to any Physician who will pay Express charges, and mention this Journal.

REGISTERED.



TRADE MARK.

Unguentum Petrolei

Prepared by E. F. Houghton & Co. Philadelphia, U.S.A.

Put up in 1 lb. Cans, 5 lb. Cans, 10 lb. Cans, 25 lb. Cans, 50 lb. Cans, 100 lb. Cans.

SAMPLES FURNISHED ON APPLICATION. The Post-Office Laws forbid anything of an oleaginous nature being sent through the mails.

In chemical composition, Cosmoline (Unguentum Petrolei) is an oleaginous hydrocarbon corresponding to the heavy petroleum oils, and containing a large amount of the paraffines and olefines of the formulæ $C_{16}H_{34}$ and $C_{16}H_{32}$. It contains but a small percentage of the paraffines and olefines, corresponding to the formulæ C_7H_{16} and C_7H_{14} respectively, and the offensive and irritating properties of the crude oil have been carefully removed. In the process of purification no acids, alkalis or other chemicals are employed and no injurious additions of any kind are made to the natural product. The result is a semi-solid, translucent substance, with a faint odor, and unctuous feel.

Cosmoline (Unguentum Petrolei) melts at about 109° Fah. (38° Cent.); and boils at about 625° Fah. (329° Cent.); its specific gravity is about 0.875 at 60° Fah.

As it contains no oxidizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.

201 MADISON AVENUE, NEW YORK, February 26, 1878.

I have examined the preparation of Cosmoline as manufactured by E. F. Houghton & Co., Philadelphia, and believe them well adapted to the purposes for which they are designed. As lubricants and as the base of simple or medicated ointments, they have a decided advantage over the fixed oils and fatty substances in ordinary use, in that they do not become rancid, and do not acquire irritating qualities from atmospheric exposure.

ALFRED C. POST, M. D., LL. D.,

*Emeritus Professor of Clinical Surgery in the University of New York,
Visiting Surgeon to Presbyterian Hospital, etc.*

218 SOUTH SIXTEENTH ST., PHILADELPHIA, July 7, 1880.

Messrs. E. F. HOUGHTON & Co.:

Gents—The petroleum product prepared by you and supplied to physicians under the name of Cosmoline (Unguentum Petrolei), was first brought to my notice while I was resident physician in the Pennsylvania Hospital, and it at once commended itself to me as a bland emollient, as an elegant substitute for carbon oil in burns and scalds, as a protective in excoriations and certain diseases of the skin, and as an excipient in the place of lard for applications to the eye and ear. For the last two years I have used the plain Cosmoline, both in Hospital and in private practice, in Gynecological and Obstetrical cases, with perfect satisfaction, and consider it much superior to Olive Oil, which is so generally used. Carbolated Cosmoline is a useful combination, but the rose-scented Cosmoline is, beyond all question, a work of art, which cannot be too highly commended. I have the honor to be

Very respectfully yours,

FRANK WOODBURY, M. D.

Physician to German Hospital.

PHILADELPHIA, July 10, 1880.

Messrs. E. F. HOUGHTON & Co.:

I have for a number of years made extensive use of Cosmoline (Unguentum Petrolei) and consider it a most valuable article for surgical purposes. Either as a dressing by itself or as a vehicle for the application of medicaments, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature.

Yours truly,

JOHN H. PACKARD, M. D.

Messrs. E. F. HOUGHTON & Co.:

1031 WALNUT STREET, PHILADELPHIA.

I have used extensively Cosmoline (Unguentum Petrolei) both in dispensary and private practice, with very great satisfaction. As a vehicle for making ointments it is invaluable and far superior to lard, for the reason that it will not become rancid or undergo chemical change like the latter, when exposed to the atmosphere. I cannot too highly commend it as an application in various skin diseases.

Yours truly,

JOHN V. SHOEMAKER, A. M., M. D.

Physician to the Pennsylvania Free Dispensary for Skin Diseases.

Prepared by E. F. HOUGHTON & Co., 211 S. Front St., Philadelphia.

PEPSIN.

E. SCHEFFER, Louisville, Ky.

Manufactures by his Improved Method

SACCHARATED PEPSIN,

which has proven its superiority over other Pepsins by its stability and uniformity, and by its agreeable taste.

In digestive power it corresponds to the standard adopted by the Committee on the 6th Revision of the U. S. Pharmacopœia, which is as follows:

One part dissolved in 500 parts of water acidulated with 7.5 parts of hydrochloric acid should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

CONCENTRATED DRY PEPSIN,

which possesses eight times the digestive power of the Saccharated; particularly recommended to manufacturers.

LIQUID PEPSIN,

a very active and palatable medicine, containing 4 per cent. of Saccharated Pepsin dissolved in acidulated water and glycerine.

T. ENGELBACH,

DEALER IN

SURGICAL INSTRUMENTS

And APPLIANCES,

Trusses, Crutches, Invalid Chairs, &c. &c.

No Fancy Prices. We Sell at New York Manufacturers' Prices,

With usual 25% to 35% off.

REPAIRING PROMPTLY ATTENDED TO.

Depot for FRESH VACCINE VIRUS POINTS from N. E. Vaccine Company.

10 Points, \$1.00.

DePew's Gynecological Chair. The best in the market.

Correspondence Invited.

154 CANAL STREET, NEW ORLEANS.

PEACOCK'S BROMIDES

(SYR: BROM: COMP: PEACOCK)


NERVE AND BRAIN SEDATIVE.

Each fluid drachm represents fifteen grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium, and Lithium.

USES.—Epilepsy, and all Congestive, Convulsive, Spasmodic, and Reflex Neuroses.

DOSE.—One to two FLUID drachms, in WATER, three or more times a day.

CAUTION.—The popularity of "Peacock's Bromides" has caused several parties to claim that they can put it up "just as good." THIS IS NOT TRUE. No mere simple combination of Bromide Salts IS AT ALL COMPARABLE with this preparation in Purity, Safety, and Therapeutic Value, and due caution should be used to prevent substitution in all cases.

 Sample and Pamphlet FREE to any Physician who will pay Express charges.

PEACOCK CHEMICAL CO., St. Louis.

TAKE ONLY AND INSIST ON "THE BEST OF AMERICAN MANUFACTURE."

PLANTEN'S CAPSULES.

KNOWN AS RELIABLE FIFTY YEARS "FOR GENERAL EXCELLENCE IN MANUFACTURE."

H. PLANTEN & SON (Established 1836), 224 William St., N.Y.



HARD & SOFT.—ALL KINDS FILLED.

(9 SIZES:) 3, 5, 10 and 15 Minims; and 1, 2, 1-2, 5, 10 and 15 Grammes.

NEW KINDS:

OF OIL WINTERGREEN, APIOL-PEARLS, PURE SANDALWOOD OIL, SANDALWOOD OIL AND CASSIA, OIL JUNIPER, ETC., ETC.

NEWLY IMPROVED EMPTY.—Empty for Powders and Solids, 3 sizes, trial box by mail, 25 cts. Empty for Liquids, 3 sizes. Empty for Rectal (Suppository), 3 sizes. Empty for Vaginal, 6 sizes. Empty for Horses and Cattle, 5 Sizes.

 **CAPSULES FOR MECHANICAL PURPOSES.** 

N.B.—We make all kinds of Capsules to order. New articles in Capsuling and Private Formulas a Specialty.

SOLD BY ALL DRUGGISTS.

SPECIFY PLANTEN'S.

SAMPLES FREE.

R. N. GIRLING & CO.,

Chemists and Druggists,

Corner St. Charles and Washington Avenues.

Accuracy in preparing prescriptions an absolute purity of drugs and medicines guaranteed.

R. N. GIRLING has no connection with any other drug store.

ARLAUD'S

STRENGTHENING * ELIXIR.

This new preparation has already won its laurels; it has received the prize medal at the North, Central and South American Exposition as the latest and best discovery of the age. It will cure difficult and scanty menses, anæmia, chlorosis, leucorrhœa, constipation, diarrhœa, nervous prostration, and is the only panacea for convalescence following acute and chronic diseases. For sale by all druggists. Price One Dollar a Bottle.

Cor CUSTOMHOUSE and DAUPHINE STS.

These preparations may be relied upon as being accurately and skillfully prepared, from the best materials.

Robinson's Hypophosphites.

Nutritive, Tonic, and Restorative, palatable and agreeable.

Each fluid ounce contains :

HYPOPHOSPHITE SODA.....	2	grs.
“ LIME.....	1½	“
“ IRON.....	1½	“
“ QUININE.....	¾	“
“ MANGANESE.....	1½	“
“ STRYCHNINE.....	1-16	“

Dose: 1 to 4 Fldrs.

The efficacy of such a combination of remedial agents in the treatment of pulmonary weakness, or any form of debility, has been clearly demonstrated. In CONSUMPTION and other WASTING DISEASES and in STRUMOUS affections it has proved invaluable. In **pint** bottles.

Price \$1.00.

Robinson's Wine of Coca.

The stimulant virtues of the best selected grade of **Coca Leaves** are represented in this preparation combined with a very fine article of pure **Imported Malaga Wine**. It is recommended in cases of nervous prostration, general debility, etc.

Each fluid drachm equals 7½ grains **Coca Leaves**. Dose: 1 to 8 Fldrs. In **pint** bottles.

Price \$1.00.

Robinson's Lime Juice and Pepsin.

An elegant preparation, combining the reliable *digestive* properties of *Scheffer's Concentrated Pepsin*, and the *Aperient and Cholagogue* characteristics of *Pure Lime Juice* of the best quality.

A valuable remedy for *Dyspepsia, Indigestion, Biliousness, &c.*

Each fldr, digests at least 100 grs. albumen; for specific test see label.

Dose: 1 to 4 Fldrs.

In 6 oz. Bottles.....Price 50c.

In Pint Bottles..... “ \$1.00.

Robinson's Phosphoric Elixir.

A MODIFIED AND IMPROVED FORM OF

CHEMICAL FOOD.

Each fluid ounce represents :

PHOSPHATE SODIUM.....	12 grains.
“ POTASSIUM.....	4 “
“ CALCIUM.....	4 “
“ IRON.....	2 “
FREE MONOHYDRATED PHOSPHORIC ACID..	16 “

Therefore is approximately equal to thirty (30) grains of Monohydrated Phosphoric Acid, *free and combined*.

Equal in therapeutical value to the old reliable Parrish Chemical Food, or any similar combination of Phosphates, and in elegance of appearance and palatability far superior. The full benefit of Phosphoric Acid and the above named Phosphates as a remedy for *Nervous Exhaustion, General Debility, Deranged Digestion, Renal Troubles, etc.*, will be derived from our “*Phosphoric Elixir*.”

DOSE :

The average dose is a dessertspoonful (2 fldrs.) diluted with water to be taken immediately before, during, or after meals. In pint bottles.

Price \$1.00.

May be obtained through retail Druggists. If the nearest Druggist is not supplied, we will forward for trial, either article by express PREPAID upon receipt of the retail price.

We invite a trial of our preparations. Please specify Robinson's. We are confident you will be pleased with them.

R. A. ROBINSON & CO.,

MANUFACTURING PHARMACISTS,

Established 1842.

LOUISVILLE, KY.

FOR SALE BY DRUGGISTS IN NEW ORLEANS, LA.

I. L. LYONS & CO.,

— WHOLESALE —

Druggists & Pharmacists,

42, 44 CAMP AND 109, 111, 113, 115, 117 GRAVIER STREETS,
NEW ORLEANS, LA.

DEALERS IN

Drugs, Chemicals, Essential Oils,

Chemical Apparatus, Surgical Instruments, Electric Apparatus, Medicine Chests, Saddle Bags, Trusses, Supporters, Silk Stockings, Sponges, and all articles used in Medicine and Surgery.

FINE WINES AND LIQUORS,

PERFUMERY, FANCY GOODS, PAINTS, OILS. DYE STUFFS, GLASS, ETC.

Importers of

FRENCH ENGLISH AND GERMAN DRUGS AND CHEMICALS.

Importers of Swedish Leeches,

Importers of English Solid Extracts,

Importers of Battley's Liquor Opli Sed.,

Liquor Ergot, Cinchona, Buchu, Taraxacum, etc.,

Importers of French, English and German Proprietary,
Medicines, Perfumery and Drug Sundries.

Only direct Importers in the South of Norwegian or Bergen Cod Liver Oil,

White and Brown

Agents for SHEPARD & DUDLEY SURGICAL INSTRUMENTS,

Which we Sell at Makers' Prices.

Agents for W. R. WARNER & CO.'S SUGAR COATED PILLS.

Agents for

SHARPE & DOHMES' AND PARKE DAVIS & CO'S

SOLID AND FLUID EXTRACTS.

Agents for

JNO. WYETH & BRO'S FLUID EXTRACTS, ELIXIRS, WINES,

DIALYSED IRON, COMPRESSED PILLS, &C., &C.

Agents for

DR. MCINTOSH'S UTERINE SUPPORTER,

DR. STEPHENSON'S UTERINE SUPPORTER,

BUFFALO LITHIA, BLUE LICK, POLAND. BETHESDA AND BLADON WATER.

Always in stock a full line of

CARPENTER'S, ELLIOT'S AND LESLIE'S

SADDLE BAGS, FRESH HUMAN AND BOVINE VACCINE.

The extensive Dispensing Department and complete Laboratory connected with our Wholesale Business enables us to give that careful attention to Physician's Orders necessary to ensure filling them satisfactorily.

Having always exercised the greatest care in the selection of the crude materials employed, and making all pharmaceutical preparations of standard strength, in strict accordance with established and recognized formulas, we have earned and are entitled to the confidence of the profession.

I. L. LYONS & CO.

Pharmaceutical and Medicinal Preparations

FROM THE LABORATORY OF

I. L. LYONS & CO.,

Wholesale Druggists & Pharmacists,

42, 44 CAMP St. & 109, 111, 113, 115, 117 GRAVIER ST

NEW ORLEANS, LA.

During our many years experience we have always recognized the importance of establishing in our midst a LABORATORY which would enable physicians to procure at home, with a guarantee of purity and reliability, the many elegant and really scientific preparations which have of late years become so popular with practitioners and patients. Supplied with the MOST APPROVED APPARATUS and in charge of intelligent and experienced pharmacutists, we may justly claim the products of our laboratory to be excelled by none in the country, and to be far superior to most others of foreign manufacture. We cannot attempt here to enumerate all the extensive list of our preparations, and will only call attention to the leading ones, which have, by their absolute reliability, elicited the praise and approbation of the leading physicians in this city.

We also beg to add that we are prepared to manufacture at short notice any pharmaceutical preparation which physicians may be unable to procure elsewhere.

COD LIVER OIL with PHOSPHATE OF LIME;
 COD LIVER OIL with LACTO-PHOSPHATE OF LIME;
 COD LIVER OIL with SOLUBLE PHOSPHATE OF LIME;
 COD LIVER OIL, FERRATED;
 COD LIVER OIL, IODO-FERRATED;
 COD LIVER OIL, PHOSPHORATED;
 BERGEN COD LIVER OIL, WHITE;
 BERGEN COD LIVER OIL, BROWN.

NUTRITIVE ELIXIR, (Beef, Cognac and Bitter Orange) NUTRITIVE ELIXIR, FERRATED, designed as SUBSTITUTES FOR DUCROS' ELIXIR, at more moderate prices.

ELIXIR BISMUTH.
 ELIXIR CALISAYA and PYROPHOS.
 IRON.
 ELIXIR CALISAYA, IRON and
 STRYCHNIA.
 ELIXIR CALISAYA, IRON, STRYCH-
 NIA and BISMUTH.
 ELIXIR CALISAYA, IRON, PEPSINE
 and BISMUTH.
 ELIXIR CIT. LITHIA
 ELIXIR PHOSPHATE IRON, QUI-
 NINE and STRYCHNIA.
 ELIXIR PYROPHOS. IRON, QUININE
 and STRYCHNIA.
 ELIXIR PEPSINE.
 ELIXIR PEPSINE and BISMUTH.
 ELIXIR PEPSINE, BISMUTH and
 STRYCHNIA.
 ELIXIR PEPSINE, BISMUTH,
 STRYCHNIA and IRON.
 ELIXIR VAL. AMMONIA.
 ELIXIR VAL. AMMONIA and QUI-
 NINE.
 ELIXIR GUARANA.
 ELIXIR TARAX. COMP. for masking
 Quinine.

LIQUOR PEPSINE.
 LIQUOR BISMUTH.
 SYRUP PHOSPHATES COMP.
 SYRUP HYPOPHOSPHITES COMP.
 SYRUP LACTO-PHOSPHATE IRON.
 SYRUP LACTO-PHOSPHATE LIME.
 SYRUP IRON, free from taste and acid.
 SYRUP PHOSPH. IRON, QUININE
 and STRYCHNIA.
 SYRUP IOD. IRON and MANG.
 SYRUP HYD. CHLORAL.
 SYRUP LACTO-PHOS. LIME and
 PEPSINE.
 SYRUP LACTO-PHOS. LIME and
 IRON.
 WINE, BEEF and IRON.
 WINE, BEEF, IRON and CINCHONA.
 WINE, PEPSINE.
 WINE, IRON BITTER.
 WINE CINCHONA, (Quinquina Robi-
 quet.)
 WINE CINCHONA, FERRUGINEUX,
 (Quinquina Robiquet.)
 WINE WILD CHERRY.
 WINE WILD CHERRY, FERRATED.

FLUID EXTRACT ERGOT prepared from the selected grains, and all fluid
 Extracts of STANDARD STRENGTH.

All new and rare chemicals kept in stock.

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SHARP & DOHME, Manufacturing Chemists, BALTIMORE, MD.

Manufacturers of all the officinal and other standard
FLUID, SOLID AND POWDERED EXTRACTS,

Including all the NEW REMEDIES;

PURE CHEMICALS, ELIXIRS, SYRUPS, DIALYSED IRON,
SACCHARATED PEPSIN, (U.S.P.)

GRANULAR EFFERVESCENT SALTS,

COMPRESSED TABLETS,

COMPRESSED LOZENGES,

TABLET TRITURATES, ETC., ETC.

SOLUBLE GELATINE COATED AND SUGAR COATED PILLS,

Comprising all the officinal and other well-known favorite formulæ.

These PILLS are all Prepared with the Utmost Care, under our Immediate Supervision.

The DRUGS entering into their Composition are of the Best Quality.

The Quantities and Proportions are Invariably as Represented on the Labels.

The Excipients to make the Masses are Carefully Chosen in each Case, to make the Pill Permanently Soluble in the Fluids of the Stomach and Bowels.


The Sugar Coating and Gelatine Coating will be found very Soluble, and not excelled by any other in point of Beauty or Finish.

Physicians will find our **Pil: Lapaeticæ (S. & D's.)**

RECENTLY INTRODUCED BY US

Composition: { Aloni, 1-4 gr. Extr. Bellad, 1-8 gr. }
 { Strychnine, 1-60 gr. Ipecac, 1-16 gr. }

An elegant and most efficient combination for the relief of Habitual Constipation, Atonic Dyspepsia, Biliary Engorgement, and many gastric disorders.

 Sample sent upon application.

WE CALL SPECIAL ATTENTION TO OUR

SOLUBLE HYPODERMIC TABLETS.

These Tablets are quickly and perfectly soluble in cold or warm water.

They combine accuracy of dose with perfect preservation of the active ingredient.

The base with which the latter is combined is perfectly harmless and unobjectionable.

They will cause no abscesses.

They will not become insoluble by age.

They may also be administered by the mouth.

Catalogues giving Composition, Doses, etc., of all our Preparations Mailed to Physicians by applying to us direct, or to our wholesale agents,

I. L. LYONS & CO.,

IMPORTERS AND WHOLESALE DRUGGISTS,

42 & 44 CAMP STREET, NEW ORLEANS, LA.

BROMIDIA

THE HYFNOTIC.

FORMULA.—

Every Fluid drachm contains 15 grs. EACH of pure Chloral Hydrat. and purified Brom. Pot. and $\frac{1}{8}$ gr. EACH of gen. imp. ext. Cannabis Ind. and Hyoscyam.

DOSE.—One half to one fluid drachm in WATER or SYRUP every hour until sleep is produced

INDICATIONS.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, &c. In the restlessness and delirium of Fevers, it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

PAPINE

THE DE-NARCOTIZED OPIATE.

Papine is the Anodyne or pain relieving principle of Opium, the Narcotic and Convulsive elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, &c.

INDICATIONS.—

Same as Opium or Morphia.

DOSE.—ONE FLUID DRACHM represents the Anodyne principle of $\frac{1}{8}$ grain of Morphia.

IODIA

The Alterative and Uterine Tonic.

FORMULA.—

Iodia is a combination of Active Principles obtained from the Green Roots of STILLINGIA, HELONIAS, SAXIFRAGA, Menispermum and Aromatics. Each fluid drachm also contains five grains IODO-POTAS. and three grains PHOS-IRON.

DOSE.—One or two fluid drachms (more or less as indicated) three times a day, before meals.

INDICATIONS.—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortion and General Uterine Debility.

BATTLE & CO.

CHEMISTS' CORPORATION,

BRANCHES:

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LACTOPEPTINE

The most important Remedial Agent ever presented to
the Profession for

DYSPEPSIA, VOMITING IN PREGNANCY, CHOLERA INFANTUM-
CONSTIPATION, AND ALL DISEASES ARISING
FROM IMPERFECT NUTRITION.

LACTOPEPTINE precisely represents in composition the natural digestive juices
of the Stomach, Pancreas and Salivary Glands, and will, therefore, readily dissolve all
foods necessary for the recuperation of the human organism.

LACTOPEPTINE

— IS COMPOUNDED WITH —

GENTIAN, IRON, STRYCHNIA, BISMUTH, QUINIA, CALISAYA
CINCHONA AND PHOSPHATES.

and various medications required in general practice, in the form of ELIXIRS
SYRUPS, LIQUIDS, ETC.

Special Notice to the Medical Profession.

Whenever satisfactory results are not obtained from the administration of
Lactopeptine, we will consider it a favor if such facts are reported to us, for there can
be no doubt that substitution of Pepsin or some of the cheap imitations of Lactopeptine
has been practiced, whenever the therapeutic activity of Lactopeptine is not uniformly
demonstrated in its indications.

BOX 1574.

THE NEW YORK PHARMACAL ASSOCIATION,

"Send address for our New Medical Almanac, containing valuable information."

The Physicians' Mutual Benevolent Ass'n OF LOUISIANA.

Organized and Chartered under the General Laws of the State, April 9th, 1886.

All Physicians, being regular graduates, and in regular and repu-
table practice, and of good moral character, are eligible.

THE DUES

are only One Dollar annually as a contingent fund and Three Dollars as
a Beneficiary fund. The first assessment paid at the time of joining,
and subsequently only upon the death of a member.

RICHARD H. DAY, M.D., President.

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FINE SPECTACLES AND EYE-GLASSES

Of the Latest and Best Patterns mounted with First Quality Glass or Pebbles.

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DRAWING INSTRUMENTS AND PAPERS, THERMOMETERS, &c.

OPERA, FIELD AND MAGNIFYING GLASSES.

Established 15 Years.

OBSERVE THE NAME.

Beware of Imitations.

COLDEN'S

Liquid Beef Tonic.

ORIGINAL LABEL:

"Colden's Liebig's Liquid Extract of Beef and Tonic Invigorator."

An Invaluable Aid in Medical Practice.

Differs Essentially from all other Beef Tonics.

COLDEN'S Liquid Beef Tonic is endorsed by scores of physicians, who are growing to realize more and more its importance in repairing, in accordance with the principles of dietetics, the **waste which disease entails**. It consists of the extract of Beef (by Baron Liebig's process) spirit rendered non-injurious to the most delicate stomach by extraction of the Fusel Oil, soluble Citrate of Iron, Cinchona, Gentian, and other bitter tonics. An official analysis of this preparation by the eminent Chemist, ARTHUR HILL HASSALL, M. D., F. R. S., and an endorsement by the late SIR ERASMUS WILSON, F. R. S., are printed on the label of each bottle.

As a **nutrient**, and a **reliable tonic** in all cases of debility and weakness, Malarial Fever, Anæmia, Chlorosis, Incipient Consumption, etc., it is the best preparation ever used. It acts directly on the sentient Gastric Nerves, stimulating the follicles to secretion, and gives to weakened individuals that first prerequisite to improvement—an appetite. It strengthens the nervous system when unstrung by disease, and has been employed with remarkable success as a remedy for Drunkenness and the Opium Habit.

Its Range of Action Embraces all Cases of Debility.

In order that physicians may form some idea of the nature of its ingredients, I will upon application in person, or by letter (enclosing a card), send a sample bottle of COLDEN'S LIQUID BEEF TONIC to any physician in regular standing, in the United States. Please ask your Dispensing Druggist (if he has not already a supply) to order it. In prescribing this preparation, physicians should be particular to mention "COLDEN'S"—viz.: "*Ext. carnis, fl. comp. (Colden's).*" It is put up in pint bottles, and can be had of Wholesale and Retail Druggists generally throughout the United States.

C. N. CRITTENTON, Sole Agent, 115 Fulton St. New-York.

GLENN'S

Sulphur Soap.

ALL physicians know that **skin diseases** are more or less constitutional, or dependent upon some specific poison in the blood, which, if eradicated by internal treatment, needs something to remove its appearance from the surface. Experience has proved that the best possible aid in the accomplishment of this end is obtained by the use of **Sulphur in soap**. GLENN'S SULPHUR SOAP is the best combination of its kind, and the one now generally used. It is for sale by all Druggists, at 25 cents a cake, or 3 cakes for 60 cents.

CONSTANTINE'S

PINE TAR SOAP

Has been on trial among physicians for very many years as a Toilet Soap and Healing Agent, and its superior virtues have been unanimously conceded in **all cases where the use of tar is indicated**. Unsolicited expressions of its excellence have been received from the Medical Faculty generally. IT IS THE BEST TA SOAP MADE. None genuine unless stamped "A. Constantine's Persian Healing Pine-Tar Soap." For sale by all Druggists.

MALTINE



MALTINE is far superior in nutritive and diastatic value to any Malt Extract manufactured in the world. There is no reconstructive that equals Maltine in Phthisis and many wasting Diseases.

MALTINE, in its different forms, is the only Malt Preparation we now employ, being so palatable, digestible, and easily assimilated. Of its efficiency in appropriate cases there is no more doubt in our minds than there is of the curative power of Quinine, Cod Liver Oil, the Bromides, and the Iodides.

It deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective, and curative power, and probably the most widely useful therapeutical agents that we possess.

PROF. L. P. YANDELL.

MALTINE is a valuable food, a food of priceless value at times of emergency. In fact, in very grave gastric cases it is a food which may often be resorted to when at one's wits end. What to do.

J. MILNER FOTHERGILL.

Out of 14 trade samples of Malt Extract examined by Messrs. Dunstan & Dimmock, *only three* possessed the power of acting on starch. These brands were **MALTINE**, Corbyn, Stacey & Co.'s Extract, and Kepler's Malt Extract.

WILLIAM ROBERTS, M. D., F. R. S.

I have subjected "Maltine" and "Trommer's Extract of Malt" to an exact quantitative comparison of their diastatic activity.

The results demonstrate conclusively the far greater diastatic value of Maltine, and enable me to state, without any qualification whatever, that it far exceeds in diastatic power any of the six preparations of Malt which I have examined.

R. H. CHITTENDEN,

Professor of Physiological Chemistry in Yale College.

At the International Health Exhibition held in London, England, the only gold medal and the highest award of merit were given to Maltine by a Jury composed of the best chemists in Europe; and recent analyses made by the most reliable authorities in Europe and America prove conclusively that Maltine—in nutritive and diastatic value—is superior to all other Malt preparations now in the market.

NOTE.—Physicians will observe that Maltine, as now prepared, is not so viscid as formerly made, being of a more fluid consistency; and, while retaining the nutritive and diastatic value, which has given it precedent over all other Extracts of Malt, it is rendered entirely agreeable to the taste of the most fastidious, and is more easily administered. As now prepared we positively guarantee that Maltine will not ferment or congeal in any climate or at any season of the year.

COMPLETE LIST OF MALTINE PREPERATIONS.

MALTINE (Plain.)
MALTINE with Alteratives.
MALTINE with Cod Liver Oil.
MALTINE with Hypophosphites.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.

MALTINE with Phosphates, Iron, Quinia and Strychnia.
MALTINE Ferrated.
MALTO-YERBINE.
MALTO-YIRBURNIN.
MALTINE with Cascara Sagrada.

Send for Pamphlet giving comparative analyses by twenty of the best Analytical Chemists in this country and Europe.

We will be happy to supply any regular Practitioner with eight ounces each of any three Maltine Compounds that may be selected from our list, providing he will agree to pay express charges on same.

The Maltine Man'g Co.,

LABORATORY—Yonkers-on-Hudson.

182 Fulton Street, New York.

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New Orleans and North Eastern R. R.

SHORTEST AND QUICKEST LINE TO
BIRMINGHAM, CINCINNATI—EAST.
ATLANTA, LOUISVILLE—SOUTH—EAST.
EIGHT HOURS THE QUICKEST TO NEW YORK.

Time Table in Effect December 31, 1886.

TRAINS NORTH BOUND.
Read Down.

TRAINS SOUTH BOUND.
Read Up.

No. 2	No. 6		FLAG STATIONS MARKED THUS †		No. 1	No. 5
10:40 A. M.	8:00 P. M.	Leave	NEW ORLEANS.	Arrive	3:00 P. M.	7:35 A. M.
11:43 A. M.	9:10 P. M.	"	SLIDELL.	Leave	2:00 P. M.	6:28 A. M.
12:17 A. M.	9:23 P. M.	"	PEARL RIVER.	"	1:47 P. M.	6:14 A. M.
12:12 P. M.	9:39 P. M.	"	NICHOLSON.	"	1:32 P. M.	5:57 A. M.
12:22 P. M.	9:51 P. M.	"	MITCHELL.	"	1:21 P. M.	5:46 A. M.
12:30 P. M.	10:00 P. M.	"	HIGHLAND.	"	1:12 P. M.	5:37 A. M.
1:07 P. M.	10:36 P. M.	"	POPLARVILLE.	"	12:34 P. M.	5:00 A. M.
1:24 P. M.	10:51 P. M.	"	HILLSDALE.	"	12:17 P. M.	4:45 A. M.
1:39 P. M.	11:05 P. M.	"	PIOTONA.	"	12:02 P. M.	4:30 A. M.
1:49 P. M.	11:14 P. M.	"	TALOWAH.	"	11:52 A. M.	4:21 A. M.
2:02 P. M.	11:25 P. M.	"	PURVIS.	"	11:38 A. M.	4:09 A. M.
2:13 P. M.	11:35 P. M.	"	OKAHOLA.	"	11:27 A. M.	4:00 A. M.
2:26 P. M.	11:45 P. M.	"	CARTER.	"	11:16 A. M.	3:48 A. M.
3:00 P. M.	11:59 P. M.	"	HATTIESBURG.	"	11:00 A. M.	3:35 A. M.
3:16 P. M.	12:14 A. M.	"	EASTABUCHEE.	"	10:46 A. M.	3:20 A. M.
3:25 P. M.	12:24 A. M.	"	TUSCANOLA.	"	10:36 A. M.	3:10 A. M.
3:46 P. M.	12:42 A. M.	"	ELLISVILLE.	"	10:17 A. M.	2:52 A. M.
4:01 P. M.	12:57 A. M.	"	LAUREL.	"	10:03 A. M.	2:37 A. M.
4:17 P. M.	1:15 A. M.	"	SANDERSVILLE.	"	9:45 A. M.	2:21 A. M.
4:33 P. M.	1:30 A. M.	"	HEIDELBERG.	"	9:29 A. M.	2:06 A. M.
4:42 P. M.	1:37 A. M.	"	VASSBURG.	"	9:22 A. M.	1:59 A. M.
4:53 P. M.	1:48 A. M.	"	BARNETT.	"	9:11 A. M.	1:48 A. M.
5:00 P. M.	1:56 A. M.	"	PACHUTA.	"	9:03 A. M.	1:39 A. M.
5:20 P. M.	2:18 A. M.	"	ENTERPRISE.	"	8:43 A. M.	1:19 A. M.
5:38 P. M.			CORINNE.	"	8:27 A. M.	
6:00 P. M.	3:00 A. M.	Arrive	MERIDIAN.	"	8:00 A. M.	12:40 A. M.
12:30 P. M.	7:48 P. M.	"	TUSCALOOSA.	"	3:47 A. M.	8:15 P. M.
13:40 A. M.	10:00 A. M.	"	BIRMINGHAM.	"	1:40 A. M.	5:35 P. M.
3:32 A. M.	1:05 P. M.	"	ATTALLA.	"	10:31 P. M.	2:15 P. M.
7:50 A. M.	5:55 A. M.	"	CHATTANOOGA.	"	6:30 P. M.	9:15 A. M.
1:28 P. M.	1:15 A. M.	"	SOMERSET.	"	12:50 P. M.	2:27 A. M.
2:42 P. M.	2:40 A. M.	"	JUNCTION CITY.	"	11:35 P. M.	12:53 P. M.
4:12 P. M.	4:00 A. M.	"	LEXINGTON.	"	10:22 A. M.	11:20 P. M.
6:42 P. M.	6:40 A. M.	"	CINCINNATI.	"	7:55 A. M.	8:10 P. M.

JOHN C. GAULT, Gen'l. Manager, Cincinnati.

JNO. M. KNIGHT,

R. CARROLL, Gen'l Superintendent, Meridian.

Ticket Agent,

H. CALLBRAN, Gen'l. Freight and Pass. Agt. Cincinnati.

34 St. Charles St.,

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New Orleans.

READING NOTICES.

MALTINE IN PHTHISIS.

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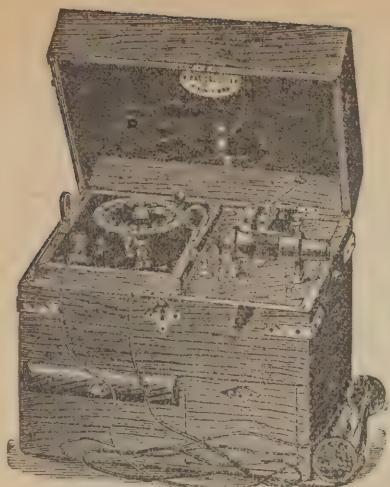
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Malarial Fever, Yellow Fever, Typhoid Fever, Oriental Leprosy, and Other Diseases.

NEW ORLEANS, La., February 17, 1877.

The undersigned respectfully announces to his medical friends, the completion and publication of his work on the most important endemic diseases of tropical and temperate climates.

The author has embraced in his work on Fevers the original investigations and scientific researches of the past thirty years; he has endeavored to consolidate and arrange a vast mass of material which shall be of absolute and daily value to the practitioner and student of medicine.

The work embraces 1368 closely printed pages, the forms of type used being nonpareil, brevier and long primer. If the entire work were printed in the latter type, it would cover over two thousand pages. Whilst the paper is of superior quality for book-work, it is so dense and compact when properly pressed and bound, that the volume does not present an unwieldy appearance, but that of a medium sized volume.

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The present volume relates chiefly to the great endemic fevers of tropical and temperate climates, such as: INTERMITTENT, REMITTENT, PERNICIOUS and HÆMORRHAGIC MALARIAL FEVERS.

Careful comparisons are instituted between the symptoms and Pathological Anatomy of Yellow Fever and Typhoid Fever, and the various subjects are enriched by the observations and drawings of the author before, during and subsequent to the American Civil War (1861-1865), embracing a period of thirty years, 1856-1886.

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In this work on Malarial Paroxysmal Fevers the author has endeavored to make each chapter a complete monograph on the division of the subject of which it treats, and this plan has necessitated the occasional repetition of cases and illustrations. The chapters relating to the character and changes of blood in different diseases, will be found to embrace a considerable amount of research, and also to contain a summary of the labors of the most distinguished chemists, physiologists and pathologists in England, France and Germany, relating to the chemistry, comparative anatomy, physiology and pathology of blood in man, in the various conditions of health and disease. The chapter which relates to the prevention and treatment of Malarial Fevers will be found to contain full descriptions of the botanical, chemical and therapeutical properties of the Indigenous Remedies of the United States which possess febrifuge and antiperiodic properties, and which may be employed as substitutes for Quinine (Peruvian Bark and its preparations). It is hoped that the practitioners of medicine in the malarious regions of our Southern, Western and Southwestern States will find much of practical value in Chapter VII. The researches relating to the Pathological Anatomy of the Brain, Heart, Liver, Spleen, Kidneys and Alimentary Canal in Malarial, Yellow and Typhoid Fevers have been the product of a large amount of severe and protracted original investigation and research, and the author expresses the hope that the facts and illustrations grouped in Chapter VI of this Volume will prove a lasting addition to our knowledge of the pathology of the fevers of tropical and temperate regions and serve as the basis of future studies and investigations in this most difficult branch of medical knowledge.

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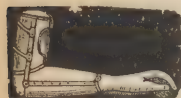
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Boro-Glycerine.—Merrell.

The new Antiseptic. Solid and Solution. *Solid*, contains 92 parts Pure Glycerine and 6 parts Boracic Acid. *Solution*, 50 per cent., contains one-half an ounce solid Boro-Glycerine to each fluid ounce of liquid.

Solution Bismuth and Hydrastia.—Merrell.

Colorless, and highly perfumed. A solution of the double Citrate of Bismuth and Hydrastia (White Alkaloid), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains $2\frac{1}{2}$ grains, 25 per cent. of which consists of Hydrastic Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

Salicylic Acid, (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is *less irritating* and better borne by the stomach when used internally; and as an external application is *more bland* than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic, Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhea or Gleet.

Tincture Gelsemium.—Merrell.

Green Root only used. A specialty with us since its first introduction in 1852. This remedy carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the Materia Medica.

Send for circular giving "Special Therapeutics."

Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to *color and flavor*; characteristic richness as a *nutritive food* or per centage of *active Diastase*.

Liquor Secalis Purificatus.—Merrell

[FLUID EXTRACT, PURIFIED.] This preparation is especially valuable for *Hypodermic Medication and topical application*; for which purpose the Official Fluid Extract is not admissible.

READING NOTICES.

The special attention of the profession is called to the advertisement of Platt's Chlorides, on page 37. When we know that this preparation has received the endorsement of over sixteen thousand physicians, it is hardly necessary to say it is all it is represented to be, and as a disinfectant it stands without an equal. Mr. H. B. Snow has been in this city during the winter, in the interest of the same. His success in its introduction, we are glad to announce, has been phenomenal. All we have to say is, try it, and you will certainly use it, for it is all that it is claimed to be—an odorless and perfect disinfectant.

T. Englebach, 154 Canal street, New Orleans, keeps a full line of Surgical Instruments and Appliances which he offers at the very lowest possible price; Mr. Englebach will take pleasure in answering any enquiries in regard to any surgical requisite. Don't fail to send to him if you are in need of anything in the instrument line.

"COCA" has maintained its reputation as a powerful nerve stimulant, being used with good results in nervous debility, opium and alcohol habit, etc. The highly variable character of the commercial drug makes it uncertain however. ROBINSON'S WINE COCA (see pp. 18 and 19) we believe to be a uniformly active article, it being prepared from assayed leaves, the percentage of Cocaine being always determined by careful *assay*.

Mr. John W. Cox is visiting the physicians of the South in the interest of Messrs. Doliber, Goodale & Co., of Boston, manufacturers of "Mellin's Food." It is hardly necessary to say that this well-known infant food has a world-wide reputation, and, as Dr. Payne in his article on "Hygiene of Children," in March number of this journal (page 660), says: "I have found Mellin's Food for infants to be a valuable addition to the dietary of children."

Mr. Cox will take pleasure in giving samples or any further information of Mellin's Food to those who are interested in infant food.

H. D. McCown, on page 32, advertises a large and select line of clothing, gents' furnishing goods, etc. There is no place in the city where a more select class of goods is kept and at a very reasonable price, and any orders sent him will receive prompt attention. Don't fail to give him a trial if you are in need of anything in his line.

PEPTONIZED MILK. Messrs Fairchild Bros. & Foster, New York, will take pleasure in sending samples and pamphlets in regard to same on application.

Messrs. Parke, Davis & Co., whose advertisement is on pages 1 and 2, ask the attention to their Concentrated Palatable Nutrient. It is a well-known fact that any article bearing the name of Parke, Davis & Co., is exactly as it is represented by them. Don't fail to specify P. D. & Co., on your orders or prescriptions.

Send your address to the New York Pharmaceutical Co., Bedford Springs, Mass., for their Illustrated hand book of Dr. Hayden's well known preparations, the Virburnum Compound and the Uric Solvent.

Dr. W. F. BARR, Abington, Va., says: "The Iron-Alum Mass" is peculiarly applicable for diseases of the *Kidneys and Bladder*, and such other organic or functional disturbances requiring positive tonic-alterative remedies."

E. FOUGERA,

MANUFACTURING PHARMACIST,
372-374 Seventh St., BROOKLYN, N. Y.

(ESTABLISHED 1849.)

FOUGERA'S COMPOUND IODINISED COD LIVER OIL.

FOR SALE BY PHARMACISTS IN BOTH HEMISPHERES.



FIVE TIMES

AS STRONG AS

Pure Cod Liver Oil,

AND

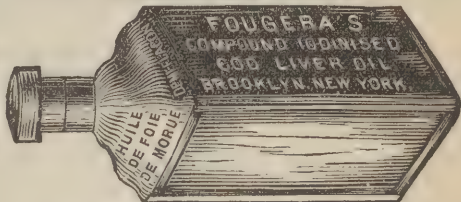
TEN TIMES

STRONGER THAN COD LIVER OIL EMULSION.



CONSUMPTION.

RICKETS.



SCROFULA.

GENERAL DEBILITY.

1 BOT. \$1.20—6 BOT. (in a box), \$6.—1 QUART, \$3.

FOUGERA'S



ELIXIR OF HORSE RADISH.

This Elixir, originated by E. FOUGERA, contains Iodine, Iron, Phosphorus, Sulphur and other active principles of anti-scorfulous and aromatic plants. Formula published*.

It acts as an alterant, diuretic, stimulant, emmenagogue and a powerful regenerator of the blood.

DOSE—For adults, a large tablespoonful at meal time; for children in proportion, adding some water. Pleasant to drink, possessing the virtues of FOUGERA'S COD LIVER OIL, prescribed for the same diseases, it is, when the Oil disagrees, advantageously substituted to it, or a dessert spoonful of Oil mixed with or followed immediately by the same quantity of Elixir may be taken while eating.

WHEN NOT EASILY PROCURED, ADDRESS PREPAID ORDERS TO

E. FOUGERA, Brooklyn, N. Y.

*See formula in Proceedings of Am. Pharm. Ass'n, 1867, page 153.

FOR SALE BY FIRST CLASS PHARMACISTS.

PHARMACISTS may address their orders for FOUGERA and DELLUC'S PREPARATIONS to

WEEKS & POTTER, Boston.
GEO. GOODWIN & CO., Boston.
T. METCALF & CO., "
FRENCH, RICHARDS & CO., Phila.
JOHNSTON, HOLLOWAY & CO., Phila.
FREDERICK BROWN, "
COOK, EVERETT & PENNELL, Portland.
E. J. HART & CO., New Orleans.

E. FOUGERA, Brooklyn, N. Y.
E. FOUGERA & CO., New York.
KESSEN & ROBBINS, "
CH. N. CRITTENTON, "
F. R. ARNOLD & CO., " F's Aug, Dentif
JOHN J. THOMSEN, Baltimore.
PURCELL, LADD & CO., Richmond.
DOWIE & MOISE, Charleston.

AND TO MANY OTHER SIMILAR WHOLESALE HOUSES.

CELERINA

NERVE-TONIC, STIMULANT AND ANTISPASMODIC.

FORMULA.—Every Fluid-Drachm represents **FIVE grains EACH** — Celery, Coca, Kola, Viburnum and Aromatics.

INDICATIONS.—Impotency, Spermatorrhea, Loss of Nerve-Power (so usual with Lawyers, Preachers, Writers and Business Men), Nervous Headache, Neuralgia, Paralysis, Dysmenorrhea, Hysteria, Opium-Habit, Inebriety, Prostatitis, Dyspepsia, and **ALL LANGUID or DEBILITATED** conditions of the System.—*Indispensable to restore a patient after alcoholic excess.*

DOSE.—One or two teaspoonfuls three or more times a day, as directed by the Physician.

ALETIS CORDIAL

UTERINE TONIC AND RESTORATIVE.

PREPARED FROM THE ALETIS FARINOSA OR TRUE UNICORN.

INDICATIONS.—Amenorrhea, Dysmenorrhea, Leucorrhea, Prolapsus Uteri, Sterility, to **PREVENT** Miscarriage, etc.

DOSE.—One teaspoonful three or four times a day.

Unrivalled as a Uterine Tonic in Irregular, Painful, Suppressed and Excessive Menstruation
IT RESTORES NORMAL ACTION TO THE UTERUS, AND IMPARTS VIGOR TO
THE ENTIRE UTERINE SYSTEM.

Where Women have aborted during previous Pregnancies, or in any case where abortion is feared, the Aletris Cordial is indicated, and should be continuously administered during entire gestation.

ACID MANNATE

A MILD, SAFE AND PLEASANT APERIENT.

Prepared from Manna, Purified Cathartic Acid, and Fruit Juices.

INDICATIONS.—Constipation, Biliousness, Congestions, Etc. **INDISPENSABLE AS AN APERIENT FOR WOMEN DURING PREGNANCY.** In teaspoonful doses, 3 times a day, it favors the **SECRETION** and **EXCRETION** of bile and gradually removes the congested and torpid states of the liver, and keeps the bowels in a regular and soluble condition.

DOSE.—ONE or MORE teaspoonfuls as directed by the Physician.

S. H. KENNEDY'S CONCENTRATED EXTRACT OF PINUS CANADENSIS

DARK

A NON-ALCOHOLIC LIQUID.

WHITE

A MOST VALUABLE NON-IRRITATING MUCOUS ASTRINGENT.

INDICATIONS.—Albuminuria, Diarrhea, Dysentery, Night-Sweats, Hemorrhages, Profuse Expectoration, Catarrh, sore Throat, Leucorrhea, and other Vaginal Diseases, Piles, Sores, Ulcers, Burns, Scalds, Gonorrhea, Gleet, Etc.

When Used as an Injection, to Avoid Staining of Linen, the **WHITE** Pinus should be Used.

Recommended by DR. J. MARION SIMS, and other Prominent Physicians.

RIO CHEMICAL COMPANY, ST. LOUIS.

LONDON.

PARIS

Samples FREE to any Physician who will pay Express charges, and mention this Journal.

REGISTERED.

COSMOLINE

TRADE MARK.

Unguentum Petrolei

Prepared by E. F. Houghton & Co. Philadelphia, U.S.A.

Put up in 1 lb. Cans, 5 lb. Cans, 10 lb. Cans, 25 lb. Cans, 50 lb. Cans, 100 lb. Cans.

SAMPLES FURNISHED ON APPLICATION. The Post Office Laws forbid anything of an oleaginous nature being sent through the mails.

In chemical composition, Cosmoline (Unguentum Petrolei) is an oleaginous hydrocarbon corresponding to the heavy petroleum oil, and containing a large amount of the paraffines and olefines of the formulæ $C_{16}H_{34}$ and $C_{16}H_{32}$. It contains but a small percentage of the paraffines and olefines, corresponding to the formulæ C_7H_{16} and C_7H_{14} respectively, and the offensive and irritating properties of the crude oil have been carefully removed. In the process of purification no acids, alkalies or other chemicals are employed and no injurious additions of any kind are made to the natural product. The result is a semi-solid, translucent substance, with a faint odor, and unctuous feel.

Cosmoline (Unguentum Petrolei) melts at about 109° Fah. (38° Cent.); and boils at about 625° Fah. (329° Cent.); its specific gravity is about 0.875 at 60° Fah.

As it contains no oxidizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.

291 MADISON AVENUE, NEW YORK, February 26, 1878.

I have examined the preparation of Cosmoline as manufactured by E. F. Houghton & Co., Philadelphia, and believe them well adapted to the purposes for which they are designed. As lubricants and as the base of simple or medicated ointments, they have a decided advantage over the fixed oils and fatty substances in ordinary use, in that they do not become rancid, and do not acquire irritating qualities from atmospheric exposure.

ALFRED C. POST, M. D., LL. D.,
*Emeritus Professor of Clinical Surgery in the University of New York,
Visiting Surgeon to Presbyterian Hospital, etc.*

218 SOUTH SIXTEENTH ST., PHILADELPHIA, July 7, 1880.

Messrs. E. F. HOUGHTON & Co.:

Gents—The petroleum product prepared by you and supplied to physicians under the name of Cosmoline (Unguentum Petrolei), was first brought to my notice while I was resident physician in the Pennsylvania Hospital, and it at once commended itself to me as a bland emollient, as an elegant substitute for carbon oil in burns and scalds, as a protective in excoriations and certain diseases of the skin, and as an excipient in the place of lard for applications to the eye and ear. For the last two years I have used the plain Cosmoline, both in Hospital and in private practice, in Gynecological and Obstetrical cases, with perfect satisfaction, and consider it much superior to Olive Oil, which is so generally used. Carbolated Cosmoline is a useful combination, but the rose-scented Cosmoline is, beyond all question, a work of art, which cannot be too highly commended. I have the honor to be

Very respectfully yours,

FRANK WOODBURY, M. D.
Physician to German Hospital.

Messrs. E. F. HOUGHTON & Co.:

PHILADELPHIA, July 10, 1880.

I have for a number of years made extensive use of Cosmoline (Unguentum Petrolei) and consider it a most valuable article for surgical purposes. Either as a dressing by itself or as a vehicle for the application of medicaments, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature.

Yours truly,

JOHN H. PACKARD, M. D.

Messrs. E. F. HOUGHTON & Co.:

1031 WALNUT STREET, PHILADELPHIA.

I have used extensively Cosmoline (Unguentum Petrolei) both in dispensary and private practice, with very great satisfaction. As a vehicle for making ointments it is invaluable and far superior to lard, for the reason that it will not become rancid or undergo chemical change like the latter, when exposed to the atmosphere. I cannot too highly commend it as an application in various skin diseases.

Yours truly,

JOHN V. SHOEMAKER, A. M., M. D.

Physician to the Pennsylvania Free Dispensary for Skin Diseases.

Prepared by E. F. HOUGHTON & Co., 211 S. Front St., Philadelphia.

PEPSIN.

E. SCHEFFER,

Louisville, Ky.

Manufactures by his Improved Method

SACCHARATED PEPSIN,

which has proven its superiority over other Pepsins by its stability and uniformity, and by its agreeable taste.

In digestive power it corresponds to the standard adopted by the Committee on the 6th Revision of the U. S. Pharmacopœia, which is as follows:

One part dissolved in 500 parts of water acidulated with 7.5 parts of hydrochloric acid should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

CONCENTRATED DRY PEPSIN,

which possesses eight times the digestive power of the Saccharated; particularly recommended to manufacturers.

LIQUID PEPSIN,

a very active and palatable medicine, containing 4 per cent. of Saccharated Pepsin dissolved in acidulated water and glycerine.

T. ENGELBACH,

DEALER IN

SURGICAL INSTRUMENTS

And **APPLIANCES,**

Trusses, Crutches, Invalid Chairs, &c. &c.

No Fancy Prices. We Sell at New York Manufacturers' Prices,

With usual 25% to 35% off.

REPAIRING PROMPTLY ATTENDED TO.

Depot for **FRESH VACCINE VIRUS POINTS** from N. E. Vaccine Company.

10 Points, \$1.00.

DePew's Gynæcological Chair. The best in the market.

Correspondence Invited.

154 CANAL STREET,

NEW ORLEANS.

PEACOCK'S BROMIDES

(SYR: BROM: COMP: PEACOCK)


NERVE AND BRAIN SEDATIVE.

Each fluid drachm represents fifteen grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium, and Lithium.

USES.—Epilepsy, and all Congestive, Convulsive, Spasmodic, and Reflex Neuroses.

DOSE.—One to two FLUID drachms, in WATER, three or more times a day.

CAUTION.—The popularity of "Peacock's Bromides" has caused several parties to claim that they can put it up "just as good." THIS IS NOT TRUE. No mere simple combination of Bromide Salts IS AT ALL COMPARABLE with this preparation in Purity, Safety, and Therapeutic Value, and due caution should be used to prevent substitution in all cases.

 Sample and Pamphlet FREE to any Physician who will pay Express charges.

PEACOCK CHEMICAL CO., St. Louis.

TAKE ONLY AND INSIST ON "THE BEST OF AMERICAN MANUFACTURE."

PLANTEN'S CAPSULES.

KNOWN AS RELIABLE FIFTY YEARS "FOR GENERAL EXCELLENCE IN MANUFACTURE."

H. PLANTEN & SON (Established 1836), 224 William St., N.Y.



HARD & SOFT.—ALL KINDS FILLED.

(9 SIZES:) 3, 5, 10 and 15 Minims; and 1, 2, 1-2, 5, 10 and 15 Grammes.

NEW KINDS:

OF OIL WINTERGREEN, APIOL-PEARLS, PURE SANDALWOOD OIL, SANDALWOOD OIL AND CASSIA, OIL JUNIPER, ETC., ETC.

NEWLY IMPROVED EMPTY.—Empty for Powders and Solids, 8 sizes, trial box by mail, 25 cts. Empty for Liquids, 3 sizes. Empty for Rectal (Suppository), 3 sizes. Empty for Vaginal, 6 sizes. Empty for Horses and Cattle, 5 Sizes.

 **CAPSULES FOR MECHANICAL PURPOSES.** 

N.B.—We make all kinds of Capsules to order. New articles in Capsuling and Private Formulas a Specialty.

SOLD BY ALL DRUGGISTS.

SPECIFY PLANTEN'S.

SAMPLES FREE.

R. N. GIRLING & CO.,

Chemists and Druggists,

Corner St. Charles and Washington Avenues.

Accuracy in preparing prescriptions an absolute purity of drugs and medicines guaranteed.

R. N. GIRLING has no connection with any other drug store.

2

ARLAUD'S

STRENGTHENING * ELIXIR.

This new preparation has already won its laurels; it has received the prize medal at the North, Central and South American Exposition as the latest and best discovery of the age. It will cure difficult and scanty menses, anæmia, chlorosis, leucorrhœa, constipation, diarrhœa, nervous prostration, and is the only panacea for convalescence following acute and chronic diseases. For sale by all druggists. Price One Dollar a Bottle.

Cor CUSTOMHOUSE and DAUPHINE STS.

These preparations may be relied upon as being accurately and skillfully prepared, from the best materials.

ROBINSON'S HYPOPHOSPHITES.

Nutritive, Tonic and Restorative, palatable and agreeable.

Each fluid ounce contains:

HYPOPHOSPHITES SODA.....	12	grs.
" LIME.....	1½	"
" IRON.....	1½	"
" QUININE.....	¾	"
" MANGANESE.....	1½	"
" STRYCHNINE.....	1-16	"

DOSE: 1 to 4 Fldrs.

The efficacy of such a combination of remedial agents in the treatment of pulmonary weakness, or any form of debility, has been clearly demonstrated. In CONSUMPTION and other WASTING DISEASES and in STRUMOUS affections it has proved invaluable. In **pint bottles, Price \$1.00.**

ROBINSON'S WINE OF COCA.

The stimulant virtues of the best select grade of **Coca Leaves** are represented in this preparation combined with a very fine article of pure **Imported Malaga Wine**. It is recommended in cases of nervous prostration, general debility, etc.

Each fluid drachm equals 7½ grains **Coca Leaves**. DOSE: 1 to 8 Fldrs. In **pint bottles Price \$1.00.**

ROBINSON'S LIME JUICE AND PEPSIN.

An elegant preparation, combining the reliable *digestive* properties of *Scheffer's Concentrated Pepsin*, and the *Aperient and Cholagogue* characteristics of *Pure Lime Juice* of the best quality.

A valuable remedy for *Dyspepsia, Indigestion, Biliousness, &c.*

Each fldr. digests at least 100 grs. albumen: for specific test see label.

DOSE: 1 to 4 Fldrs.

In 6 oz. Bottles.....	Price 50c.
In Pint Bottles.....	\$1.00.

ROBINSON'S PHOSPHORIC ELIXIR.

A MODIFIED AND IMPROVED FORM OF

CHEMICAL FOOD.

Each fluidounce represents:

PHOSPHATE SODIUM.....	12	grains.
" POTASSIUM.....	4	"
" CALCIUM.....	4	"
" IRON.....	2	"
FREE MONOHYDRATED PHOSPHORIC ACID.....	16	"

Therefore is approximately equal to thirty (30) grains of Monohydrated Phosphoric Acid, free and combined.

Equal in therapeutical value to the old reliable Parrish Chemical Food, or any similar combination of Phosphates, and in elegance of appearance and palatability far superior. The full benefit of Phosphoric Acid and the above named Phosphates as a remedy for *Nervous Exhaustion, General Debility, Deranged Digestion, Renal Troubles, &c.*, will be derived from our "*Phosphoric Elixir.*"

DOSE.

The average dose is a dessertspoonful (2 fldrs) diluted with water to be taken immediately before, during, or after meals. In **Pint Bottles, Price \$1.00.**

May be obtained through retail Druggists. If the nearest Druggist is not supplied, we will forward, for trial, either article by Express prepaid upon receipt of the retail price.

We invite a trial of our preparations. Please specify Robinson's. We are confident you will be pleased with them.

R. A. ROBINSON & CO.,

Manufacturing Pharmacists,

LOUISVILLE, KY.

Established 1842.

STRONG ENDORSEMENTS.

ROBINSON'S HYPOPHOSPHITES,

ROBINSON'S LIME JUICE AND PEPsin,

ROBINSON'S PHOSPHORIC ELIXIR,

ROBINSON'S WINE COCA.

We have received from a number of Physicians gratifying reports as to the very satisfactory results obtained in the use of our Preparation. Among them the following to which we respectfully ask attention.

MESSRS. R. A. ROBINSON & Co.

LOUISVILLE, Ky., March 29, 1886.

Gentlemen: It affords me pleasure to state that for some time past I have been prescribing the *Syrup of Hypophosphites* and *Wine of Coca* prepared by your firm, with uniformly good results. Both are elegant preparations. As a stimulant in cases of Exhaustion, from whatever cause arising, and as antidote to the evil effects of Opium, your *Wine of Coca* has proven most serviceable. Your *Syrup of the Hypophosphites* presents a combination of constructive tonics and alteratives massed together in palatable form and in a beautiful solution, indicative of unsurpassed Pharmaceutical Art. I have used the latter in the debility of the old and the young; with nursing mothers and with those of strumous and tubercular tendencies with most gratifying effects. The well known reliability of your house is a sufficient guarantee of the purity of any compound upon which its label is found.

Yours very respectfully,

[Signed] COLEMAN ROGERS, M. D.

MESSRS. A. R. ROBINSON & Co.

LOUISVILLE, Ky., April 1, 1886.

Gentlemen: For a number of months I have been prescribing your "Syrup of Hypophosphites" and have also been employing your "Wine of Coca" since it was placed before the profession. In my prescriptions I have specified "R. A. Robinson & Co." because of my confidence in the integrity of the manufacturers; feeling assured that they would permit no indifferent compound to be prepared at their laboratory. After having observed the effects of the above preparations on a large number of patients, I am convinced that no similar mixtures now upon the market, are so elegant and palatable, and at the same time so invariable and accurate in composition.

Respectfully your obedient servant,

[Signed] JAMES M. HOLLOWAY, M. D.,
No. 728 Fourth Avenue.

MESSRS. R. A. ROBINSON & Co.

LOUISVILLE, Ky., April 16, 1886.

Dear Sir: It gives me pleasure to state that I have used your preparations of Hypophosphites and Wine Coca, with most excellent results. The Wine Coca I used in a case of Exophthalmic Goitre. The Patient has been bedridden for three years and it has given her more comfort than anything she has taken, and enables her to go about her room with comparative ease. The reputation of your house gives assurance that these valuable remedies are what they are represented to be and I can recommend them both.

Yours truly,

[Signed] T. P. SATTERWHITE.

MESSRS. R. A. ROBINSON & Co.

MADISONVILLE, Ky., Nov. 20, 1886.

Gentlemen: I am pleased with your "Lime Juice and Pepsin" I have used a great many kinds of Pepsin, but obtained but little benefit from them. I use your "Lime Juice and Pepsin" in my practice very extensively, and think that it is far superior to anything in the way of Pepsin.

Yours truly,

[Signed] W. S. ROSS, M. D.

MESSRS. R. A. ROBINSON & Co.

RIVERVIEW, Ky., Dec. 30, 1886.

It affords me much pleasure to be able to bear testimony to the virtues of some of your Specialties. I have prescribed your *Lime Juice and Pepsin* in several cases of chronic indigestion, with very happy results. I have also used your *Phosphoric Elixir* in extreme nervous exhaustion, with incipient paralysis, and have obtained good results. I can cheerfully recommend your preparations for purity, excellence and palatability. The eminent reputation of your house for honorable dealing, is a sufficient guarantee that all your preparations are reliable and precisely as represented.

Respectfully,

[Signed] JOHN TOTTEN, M. D.

Corn Creek P. O., Trimble county, Ky.

WE HAVE RECENTLY ADDED TO OUR LIST

ROBINSON'S PHOSPHORIC ELIXIR,

A Modified and Improved Form of Chemical Food.

Our *Manufacturing Department* is now one of the *main* features of our business, and our facilities are such that practitioners may with confidence rely upon our products being of the highest degree of excellence attainable, in every respect.

In prescribing please specify *Robinson's*.

R. A. ROBINSON & CO.,

ESTABLISHED 1842.

MANUFACTURING PHARMACISTS,

LOUISVILLE, KY.

The Preparations are put up in Pint bottles, retailing at \$1.00.

The Lime Juice and Pepsin is also put up in 6 oz. bottles, retailing at 50c.

FOR SALE BY LEADING DRUGGISTS.

I. L. LYONS & CO.,

— WHOLESALE —

Druggists & Pharmacists,

42, 44 CAMP AND 109, 111, 113, 115, 117 GRAVIER STREETS,

NEW ORLEANS, LA.

DEALERS IN

Drugs, Chemicals, Essential Oils,

Chemical Apparatus, Surgical Instruments, Electric Apparatus, Medicine Chests, Saddle Bags, Trusses, Supporters, Silk Stockings, Sponges, and all articles used in Medicine and Surgery.

FINE WINES AND LIQUORS.

PERFUMERY, FANCY GOODS, PAINTS, OILS, DYE STUFFS, GLASS, ETC.

Importers of

FRENCH ENGLISH AND GERMAN DRUGS AND CHEMICALS.

Importers of Swedish Leeches,

Importers of English Solid Extracts,

Importers of Battley's Liquor Opii Sed.,

Liquor Ergot, Cinchona, Buchu, Taraxacum, etc.,

Importers of French, English and German Proprietary,

Medicines, Perfumery and Drug Sundries.

Only direct Importers in the South of Norwegian or Bergen Cod Liver Oil,

White and Brown

Agents for SHEPARD & DUDLEY SURGICAL INSTRUMENTS,

Which we Sell at Makers' Prices.

Agents for W. R. WARNER & CO.'S SUGAR COATED PILLS.

Agents for

SHARPE & DOHMES' AND PARKE DAVIS & CO'S

SOLID AND FLUID EXTRACTS.

Agents for

JNO. WYETH & BRO'S FLUID EXTRACTS, ELIXIRS, WINES,

DIALYSED IRON, COMPRESSED PILLS, &C., &C.

Agents for

DR. MCINTOSH'S UTERINE SUPPORTER,

DR. STEPHENSON'S UTERINE SUPPORTER,

BUFFALO LITHIA, BLUE LICK, POLAND. BETHESDA AND BLADON WATER.

Always in stock a full line of

CARPENTER'S, ELLIOT'S AND LESLIE'S

SADDLE BAGS, FRESH HUMAN AND BOVINE VACCINE.

The extensive Dispensing Department and complete Laboratory connected with our Wholesale Business enables us to give that careful attention to Physician's Orders necessary to ensure filling them satisfactorily.

Having always exercised the greatest care in the selection of the crude materials employed, and making all pharmaceutical preparations of standard strength, in strict accordance with established and recognized formulas, we have earned and are entitled to the confidence of the profession.

I. L. LYONS & CO.

Pharmaceutical and Medicinal Preparations

FROM THE LABORATORY OF

I. L. LYONS & CO.,

Wholesale Druggists & Pharmacists,

42, 44 CAMP St. & 109, 111, 113, 115, 117 GRAVIER ST

NEW ORLEANS, LA.

During our many years experience we have always recognized the importance of establishing in our midst a LABORATORY which would enable physicians to procure at home, with a guarantee of purity and reliability, the many elegant and really scientific preparations which have of late years become so popular with practitioners and patients. Supplied with the MOST APPROVED APPARATUS and in charge of intelligent and experienced pharmacists, we may justly claim the products of our laboratory to be excelled by none in the country, and to be far superior to most others of foreign manufacture. We cannot attempt here to enumerate all the extensive list of our preparations, and will only call attention to the leading ones, which have, by their absolute reliability, elicited the praise and approbation of the leading physicians in this city.

We also beg to add that we are prepared to manufacture at short notice any pharmaceutical preparation which physicians may be unable to procure elsewhere.

COD LIVER OIL with PHOSPHATE OF LIME;
 COD LIVER OIL with LACTO-PHOSPHATE OF LIME;
 COD LIVER OIL with SOLUBLE PHOSPHATE OF LIME;
 COD LIVER OIL, FERRATED;
 COD LIVER OIL, IODO-FERRATED;
 COD LIVER OIL, PHOSPHORATED;
 BERGEN COD LIVER OIL, WHITE;
 BERGEN COD LIVER OIL, BROWN.

NUTRITIVE ELIXIR, (Beef, Cognac and Bitter Orange) NUTRITIVE ELIXIR, FERRATED, designed as SUBSTITUTES FOR DUCROS' ELIXIR, at more moderate prices.

ELIXIR BISMUTH.
 ELIXIR CALISAYA and PYROPHOS.
 IRON.
 ELIXIR CALISAYA, IRON and STRYCHNIA.
 ELIXIR CALISAYA, IRON, STRYCHNIA and BISMUTH.
 ELIXIR CALISAYA, IRON, PEPSINE and BISMUTH.
 ELIXIR CIT. LITHIA
 ELIXIR PHOSPHATE IRON, QUININE and STRYCHNIA.
 ELIXIR PYROPHOS. IRON, QUININE and STRYCHNIA.
 ELIXIR PEPSINE.
 ELIXIR PEPSINE and BISMUTH.
 ELIXIR PEPSINE, BISMUTH and STRYCHNIA.
 ELIXIR PEPSINE, BISMUTH, STRYCHNIA and IRON.
 ELIXIR VAL. AMMONIA.
 ELIXIR VAL. AMMONIA and QUININE.
 ELIXIR GUARANA.
 ELIXIR TARAX. COMP. for masking Quinine.

LIQUOR PEPSINE.
 LIQUOR BISMUTH.
 SYRUP PHOSPHATES COMP.
 SYRUP HYPOPHOSPHITES COMP.
 SYRUP LACTO-PHOSPHATE IRON.
 SYRUP LACTO-PHOSPHATE LIME.
 SYRUP IRON, free from taste and acid.
 SYRUP PHOSPH. IRON, QUININE and STRYCHNIA.
 SYRUP IOD. IRON and MANG.
 SYRUP HYD. CHLORAL.
 SYRUP LACTO-PHOS. LIME and PEPSINE.
 SYRUP LACTO-PHOS. LIME and IRON.
 WINE, BEEF and IRON.
 WINE, BEEF, IRON and CINCHONA.
 WINE, PEPSINE.
 WINE, IRON BITTER.
 WINE CINCHONA, (Quinquina Robiquet.)
 WINE CINCHONA, FERRUGINEUX, (Quinquina Robiquet.)
 WINE WILD CHERRY.
 WINE WILD CHERRY, FERRATED.

FLUID EXTRACT ERGOT prepared from the selected grains, and all fluid Extracts of STANDARD STRENGTH.

All new and rare chemicals kept in stock.

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SHARP & DOHME, Manufacturing Chemists, BALTIMORE, MD.

Manufacturers of all the officinal and other standard

FLUID, SOLID AND POWDERED EXTRACTS,

Including all the NEW REMEDIES;

PURE CHEMICALS, ELIXIRS, SYRUPS, DIALYSED IRON,

SACCHARATED PEPSIN, (U.S.P.)

GRANULAR EFFERVESCENT SALTS,

COMPRESSED TABLETS,

COMPRESSED LOZENGES,

TABLET TRITURATES, ETC., ETC.

SOLUBLE GELATINE COATED AND SUGAR COATED PILLS,

Comprising all the officinal and other well-known favorite formulæ.

These PILLS are all Prepared with the Utmost Care, under our Immediate Supervision.

The DRUGS entering into their Composition are of the Best Quality.

The Quantities and Proportions are Invariably as Represented on the Labels.

The Excipients to make the Masses are Carefully Chosen in each Case, to make the Pill Permanently Soluble in the Fluids of the Stomach and Bowels.

The Sugar Coating and Gelatine Coating will be found very Soluble, and not excelled by any other in point of Beauty or Finish.

Physicians will find our **Pil: Lapaeticæ (S. & D's.)**

RECENTLY INTRODUCED BY US

Composition: { Aloni, 1-4 gr. Extr. Bellad, 1-8 gr. }
 { Strychnine, 1-60 gr. Ipecac, 1-16 gr. }

An elegant and most efficient combination for the relief of Habitual Constipation, Atonic Dyspepsia, Biliary Engorgement, and many gastric disorders.

Sample sent upon application.

WE CALL SPECIAL ATTENTION TO OUR

SOLUBLE HYPODERMIC TABLETS.

These Tablets are quickly and perfectly soluble in cold or warm water.

They combine accuracy of dose with perfect preservation of the active ingredient.

The base with which the latter is combined is perfectly harmless and unobjectionable.

They will cause no abscesses.

They will not become insoluble by age.

They may also be administered by the mouth.

Catalogues giving Composition, Doses, etc., of all our Preparations Mailed to Physicians by applying to us direct, or to our wholesale agents,

I. L. LYONS & CO.,

IMPORTERS AND WHOLESALE DRUGGISTS,

42 & 44 CAMP STREET, NEW ORLEANS, LA.

GREEN SPRING SANITARIUM AND WATER CURE.

WITHOUT A RIVAL AMONG THE MIN-
ERAL SPRINGS OF AMERICA



FOR THE TREATMENT OF NERVOUS
AND MENTAL DISEASES.

Including the Opium and Alcôhol Habits; also Diseases incident to Women, Chronic Rheumatism, Skin Diseases and Dyspepsia. Seventy miles west of Cleveland in a natural grove of ten acres. Sixteen years successful operation. Means and appliances complete. Treatment by baths, electricity and massage a specialty. One of the largest medical springs in America. Elegant apartments, moderate terms.

For particulars, address:

JOHN S. MARSHALL, M. D., Supt., GREEN SPRING, OHIO.

WHEELER'S TISSUE PHOSPHATES:

Bone-Calcium Phosphate Ca.3. 2. P. O.4. Sodium Phosphate Na.2. M. P. O.4. Ferrous Thosphate Fe.3. 2. P. O.4. Trihydrogen Phosphate S. F. O.4.

Wheeler's Compound Elixer of Phosphates and Calisaya. A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility.

The Lactophosphates prepared from the formula of Prof. Dusart, of the University of Paris, combines with a superior Permian Sherry Wine and Aromatics in an agreeable cordial easily assimilable and acceptable to the most irritable stomachs.

Medium medical doses of Phosphorus, the oxidizing element of the Nerve Centers for the Generation of Nerve Force; Lime Phosphate, an agent of Cell Development and Nutrition; Soda Phosphate, an excellent of functional activity of Liver and Pancreas and Corrective of Acid Fermentation in the Alimentary Canal; Iron, the Oxidizing Constituent of the Blood for the generation of Heat and Motion, Phosphoric Acid Tonic in Sexual Debility, Alkaloids of Calisaya, Anti-Malarial and Febrifuge; Extract of Wild Cherry, uniting with tonic power the property of calming Irritation and diminishing Nervous Excitement.

The superiority of the Elixir consists in uniting with the Phosphates the special properties of the Cinchona and Prunus, of subduing fever and allaying Irritation of the Mucous Membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of faulty nutrition, the outcome of Indigestion, Mal-assimilation of Food, and failure of supply of these essential elements of Nerve Force and Tissue Repair.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium and Tobacco Habits, Gestation and Lactation to promote development etc., and as a physiological restoration in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

There is no strychnia in this preparation, but when indicated the Liquor Strychnia of the U. S. Dispensatory may be added, each fluid drachm of the solution to a pound bottle of the Elixir making the 64th of a grain to a half fluid ounce, an ordinary dose, a combination of a wide range of usefulness.

DOSE.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful, from two to seven, one teaspoonful, for infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. WHEELER, M. D., Montreal, D. C.

Put up in pound bottles and sold by all Druggists, at One Dollar.

TH. RUDOLF,
Druggist,

Corner Dryades and Second Streets,

NEW ORLEANS, LA.

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KEPPLER'S
ADVERTISEMENT
On 9th Page.

LACTOPEPTINE

The most important Remedial Agent ever presented to
the Profession for

DYSPEPSIA, VOMITING IN PREGNANCY, CHOLERA INFANTUM-
CONSTIPATION, AND ALL DISEASES ARISING
FROM IMPERFECT NUTRITION.

LACTOPEPTINE precisely represents in composition the natural digestive juices
of the Stomach, Pancreas and Salivary Glands, and will, therefore, readily dissolve all
foods necessary for the recuperation of the human organism.

LACTOPEPTINE

— IS COMPOUNDED WITH —

GENTIAN, IRON, STRYCHNIA, BISMUTH, QUINIA, CALISAYA
CINCHONA AND PHOSPHATES.

and various medications required in general practice, in the form of ELIXIRS
SYRUPS, LIQUIDS, ETC.

Special Notice to the Medical Profession.

Whenever satisfactory results are not obtained from the administration of
Lactopeptine, we will consider it a favor if such facts are reported to us, for there can
be no doubt that substitution of Pepsin or some of the cheap imitations of Lactopeptine
has been practiced, whenever the therapeutic activity of Lactopeptine is not uniformly
demonstrated in its indications.

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THE NEW YORK PHARMACAL ASSOCIATION,

"Send address for our New Medical Almanac, containing valuable information."

The Physicians' Mutual Benevolent Ass'n OF LOUISIANA.

Organized and Chartered under the General Laws of the State, April 9th, 1886.

All Physicians, being regular graduates, and in regular and repu-
table practice, and of good moral character, are eligible.

THE DUES

are only One Dollar annually as a contingent fund and Three Dollars as
a Beneficiary fund. The first assessment paid at the time of joining,
and subsequently only upon the death of a member.

RICHARD H. DAY, M.D., President.

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Of the Latest and Best Patterns mounted with First Quality Glass or Pebbles.

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Established 15 Years.

OBSERVE THE NAME.

Beware of Imitations.

COLDEN'S

Liquid Beef Tonic.

ORIGINAL LABEL:

"Colden's Liebig's Liquid Extract of Beef and Tonic Invigorator."

An Invaluable Aid in Medical Practice.

Differs Essentially from all other Beef Tonics.

COLDEN'S Liquid Beef Tonic is endorsed by scores of physicians, who are growing to realize more and more its importance in repairing, in accordance with the principles of dietetics, the **waste which disease entails.** It consists of the extract of Beef (by Baron Liebig's process) spirit rendered non-injurious to the most delicate stomach by extraction of the Fusel Oil, soluble Citrate of Iron, Cinchona, Gentian, and other bitter tonics. An official analysis of this preparation by the eminent Chemist, ARTHUR HILL HASSALL, M. D., F. R. S., and an endorsement by the late SIR ERASMUS WILSON, F. R. S., are printed on the label of each bottle.

As a **nutrient**, and a **reliable tonic** in all cases of debility and weakness, Malarial Fever, Anaemia, Chlorosis, Incipient Consumption, etc., it is the best preparation ever used. It acts directly on the sentient Gastric Nerves, stimulating the follicles to secretion, and gives to weakened individuals that first prerequisite to improvement — an appetite. It strengthens the nervous system when unstrung by disease, and has been employed with remarkable success as a remedy for Drunkenness and the Opium Habit.

Its Range of Action Embraces all Cases of Debility.

In order that physicians may form some idea of the nature of its ingredients, I will upon application in person, or by letter (enclosing a card), send a sample bottle of COLDEN'S LIQUID BEEF TONIC to any physician in regular standing, in the United States. Please ask your Dispensing Druggist (if he has not already a supply) to order it. In prescribing this preparation, physicians should be particular to mention "COLDEN'S" — viz.: "*Ext. carnis, fl. comp. (Colden's).*" It is put up in pint bottles, and can be had of Wholesale and Retail Druggists generally throughout the United States.

C. N. CRITTENTON, Sole Agent, 115 Fulton St. New-York.

GLENN'S Sulphur Soap.

ALL physicians know that *skin diseases* are more or less constitutional, or dependent upon some specific poison in the blood, which, if eradicated by internal treatment, needs something to remove its appearance from the surface. Experience has proved that the best possible aid in the accomplishment of this end is obtained by the use of **Sulphur in soap.** GLENN'S SULPHUR SOAP is the best combination of its kind, and the one now generally used. It is for sale by all Druggists, at 25 cents a cake, or 3 cakes for 60 cents.

CONSTANTINE'S PINE TAR SOAP

Has been on trial among physicians for very many years as a Toilet Soap and Healing Agent, and its superior virtues have been unanimously conceded in **all cases where the use of tar is indicated.** Unsolicited expressions of its excellence have been received from the Medical Faculty generally. **IT IS THE BEST TA SOAP MADE.** None genuine unless stamped "A. Constantine's Persian Healing Pine-Tar Soap." For sale by all Druggists.

MALTINE



MALTINE is far superior in nutritive and diastatic value to any Malt Extract manufactured in the world. There is no reconstructive that equals Maltine in Phthisis and many wasting Diseases.

MALTINE, in its different forms, is the only Malt Preparation we now employ, being so palatable, digestible, and easily assimilated. Of its efficiency in appropriate cases there is no more doubt in our minds than there is of the curative power of Quinine, Cod Liver Oil, the Bromides, and the Iodides.

It deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective, and curative power, and probably the most widely useful therapeutical agents that we possess.

PROF. L. P. YANDELL.

MALTINE is a valuable food, a food of priceless value at times of emergency. In fact, in very grave gastric cases it is a food which may often be resorted to when at one's wits end, what to do.

J. MILNER FOTHERGILL.

Out of 14 trade samples of Malt Extract examined by Messrs. Dunstan & Dimmock, only three possessed the power of acting on starch. These brands were **MALTINE**, Corbyn, Stacey & Co.'s Extract, and Kepler's Malt Extract.

WILLIAM ROBERTS, M. D., F. R. S.

I have subjected "Maltine" and "Trommer's Extract of Malt" to an exact quantitative comparison of their diastatic activity.

The results demonstrate conclusively the far greater diastatic value of Maltine, and enable me to state, without any qualification whatever, that it far exceeds in diastatic power any of the six preparations of Malt which I have examined.

R. H. CHITTENDEN,

Professor of Physiological Chemistry in Yale College.

At the International Health Exhibition held in London, England, the only gold medal and the highest award of merit were given to Maltine by a Jury composed of the best chemists in Europe; and recent analyses made by the most reliable authorities in Europe and America prove conclusively that Maltine—in nutritive and diastatic value—is superior to all other Malt preparations now in the market.

NOTE.—Physicians will observe that Maltine, as now prepared, is not so viscid as formerly made, being of a more fluid consistency; and, while retaining the nutritive and diastatic value, which has given it precedent over all other Extracts of Malt, it is rendered entirely agreeable to the taste of the most fastidious, and is more easily administered. As now prepared we positively guarantee that Maltine will not ferment or congeal in any climate or at any season of the year.

COMPLETE LIST OF MALTINE PREPARATIONS.

MALTINE (Plain.)
MALTINE with Alteratives.
MALTINE with Cod Liver Oil.
MALTINE with Hypophosphites.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.

MALTINE with Phosphates, Iron, Quinia and Strychnia.
MALTINE Ferrated.
MALTO-VERBINE.
MALTO-VIBURNIN.
MALTINE with Cascara Sagrada.

Send for Pamphlet giving comparative analyses by twenty of the best Analytical Chemists in this country and Europe.

We will be happy to supply any regular Practitioner with eight ounces each of any three Maltine Compounds that may be selected from our list, providing he will agree to pay express charges on same.

The Maltine Man'f'g Co.,

LABORATORY—Yonkers-on-Hudson.

182 Fulton Street, New York.

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New Orleans and North Eastern R. R.

SHORTEST AND QUICKEST LINE TO
BIRMINGHAM, CINCINNATI—EAST.
ATLANTA, LOUISVILLE—SOUTH-EAST.

EIGHT HOURS THE QUICKEST TO NEW YORK.

Time Table in Effect December 31, 1886.

TRAINS NORTH BOUND.

Read Down.

TRAINS SOUTH BOUND.

Read Up.

No. 2	No. 6		FLAG STATIONS MARKED THUS †		No. 1	No. 5
10:40 A. M.	8:00 P. M.	Leave	NEW ORLEANS.	Arrive	3:00 P. M.	7:35 A. M.
11:43 A. M.	9:10 P. M.	"	SLIDELL.	Leave	2:00 P. M.	6:28 A. M.
11:57 A. M.	† 9:23 P. M.	"	PEARL RIVER.	†	1:47 P. M.	6:14 A. M.
12:12 P. M.	† 9:39 P. M.	"	NICHOLSON.	"	1:32 P. M.	5:57 A. M.
12:22 P. M.	† 9:51 P. M.	"	MITCHELL.	"	1:21 P. M.	† 5:46 A. M.
12:30 P. M.	† 10:00 P. M.	"	HIGHLAND.	"	1:12 P. M.	† 5:37 A. M.
1:07 P. M.	10:36 P. M.	"	POPLARVILLE.	"	12:34 P. M.	5:00 A. M.
1:24 P. M.	† 10:51 P. M.	"	HILLSDALE.	†	12:17 P. M.	† 4:45 A. M.
1:39 P. M.	† 11:05 P. M.	"	PIOTONA.	†	12:02 P. M.	† 4:30 A. M.
1:49 P. M.	† 11:14 P. M.	"	TALOWAH.	†	11:52 A. M.	† 4:21 A. M.
2:02 P. M.	11:25 P. M.	"	PURVIS.	"	11:38 A. M.	4:09 A. M.
2:13 P. M.	11:35 P. M.	"	OKAOLA.	"	11:27 A. M.	† 4:00 A. M.
2:26 P. M.	† 11:45 P. M.	"	CARTER.	†	11:16 A. M.	† 3:48 A. M.
3:00 P. M.	† 11:59 P. M.	"	HATTIESBURG.	"	11:00 A. M.	3:35 A. M.
3:16 P. M.	† 12:14 A. M.	"	EASTABUCHEE.	†	10:46 A. M.	† 3:20 A. M.
3:25 P. M.	12:24 A. M.	"	TUSCANOLA.	"	10:36 A. M.	† 3:10 A. M.
3:46 P. M.	12:42 A. M.	"	ELLISVILLE.	"	10:17 A. M.	2:52 A. M.
4:01 P. M.	12:57 A. M.	"	LAUREL.	"	10:03 A. M.	2:37 A. M.
4:17 P. M.	† 1:15 A. M.	"	SANDERSVILLE.	†	9:45 A. M.	† 2:21 A. M.
4:33 P. M.	1:30 A. M.	"	HEIDELBERG.	"	9:29 A. M.	2:06 A. M.
4:42 P. M.	1:37 A. M.	"	VASSBURG.	"	9:22 A. M.	1:59 A. M.
4:53 P. M.	† 1:48 A. M.	"	BARNETT.	†	9:11 A. M.	† 1:48 A. M.
5:00 P. M.	1:56 A. M.	"	PACHUTA.	†	9:03 A. M.	† 1:39 A. M.
5:20 P. M.	2:18 A. M.	"	ENTERPRISE.	"	8:43 A. M.	1:19 A. M.
5:38 P. M.	"	"	CORINNE.	†	8:27 A. M.	"
6:00 P. M.	3:00 A. M.	Arrive	MERIDIAN.	"	8:00 A. M.	12:40 A. M.
12:30 P. M.	7:48 P. M.	"	TUSCALOOSA.	"	3:47 A. M.	8:15 P. M.
13:40 A. M.	10:00 A. M.	"	BIRMINGHAM.	"	1:40 A. M.	5:35 P. M.
3:32 A. M.	1:05 P. M.	"	ATALLA.	"	10:31 P. M.	2:15 P. M.
7:50 A. M.	5:55 A. M.	"	CHATTANOOGA.	"	6:30 P. M.	9:15 A. M.
1:28 P. M.	1:15 A. M.	"	SOMERSET.	"	12:50 P. M.	2:27 A. M.
2:42 P. M.	2:40 A. M.	"	JUNCTION CITY.	"	11:35 P. M.	12:53 P. M.
4:12 P. M.	4:00 A. M.	"	LEXINGTON.	"	10:22 A. M.	11:20 P. M.
6:42 P. M.	6:40 A. M.	"	CINCINNATI.	"	7:55 A. M.	8:10 P. M.

JOHN C. GAULT, Gen'l. Manager, Cincinnati.

JNO. M. KNIGHT,

R. CARROLL, Gen'l Superintendent, Meridian.

Ticket Agent,

H. CALLBRAN, Gen'l. Freight and Pass. Agt. Cincinnati.

34 St. Charles St.,

R. A. RYAN, Asst. Gen'l. Freight and Pass. Agt., Cincinnati.

New Orleans.

READING NOTICES.

We received a pleasant call from Mr. N. E. Hulbert, of New York city, who represents the Genuine Johann Hoff's Extract of Malt, imported by Tarrant & Co., sole agents for the United States. Mr. Hulbert is delighted with the Crescent City, and has found many warm friends among the medical profession.

Mr. Geo. A. Shepard, with Wells & Richardson Company, is in the city with samples of Lactated Food. Mr. Shepard reports favorable progress in his work among the physicians.

CARNRICK'S SOLUABLE FOOD.—Dr. A. H. Still is visiting the profession of the South in the interest of this well known infant food.

On page 8 of this journal, under the head of "Fry's Cocoa," will be found some interesting facts that speak for themselves. Referring to this advertisement, we ask of the public a careful perusal of same. Fry's Cocoa has become a household word throughout the South and West, but it may not be amiss for us to say a few words in relation to this already well-known article of daily consumption. *Cocoa* should not be confused with the labyrinth of similar names. Coca leaf, cocoanut and cocoa are entirely separate and distinct. Of the first two we have nothing to say, beyond that neither of them have anything in common with the latter. *Cocoa*, of which we write, is the product of *Theobroma Cacao*—"Theobroma," which, interpreted, means "Food of the Gods." It is only found in Mexico, some of the West India Islands, Brazil on the East, Venezuela on the North, and Columbia and Equador on the west coast of South America. The best qualities are grown on the Island of Trinidad, and in Venezuela, of which Caracas is the capital. To be brief, from this *Cacao* is manufactured cocoa and chocolate, so well known to the civilized world. The largest manufactory of the kind in the world is situated at Bristol, England, owned and operated by Messrs. J. S. Fry & Sons, represented in this city by Mr. Daniel Browne, 123 and 125 Poydras street. We mention a few of the preparations manufactured by this firm, viz: Fry's Pure Concentrated Soluble, Malted, Iceland Moss, Caracas, Homœopathic Cocoas, and Cocoa Extract; and Vanilla, Caracas, Pure and various sweet Chocolates, Cocoa and Chocolate Paste, etc., etc. Besides the most delicate and nourishing confectionery, put up in elegant fancy boxes. Fry's goods are endorsed by the most eminent physicians and chemists of both schools of medicines, a few of whom we mention: I. L. Crawford, M. D., Jos. T. Scott, M. D., J. G. Belden, M. D., Wm. H. Holcombe, M. D.; Wm. B. Lillard, R. N. Girling and T. Engelbach, chemists. A visit to Mr. Browne's salesroom will prove of interest to parties concerned.

We wish to call the attention of the medical profession to the latest improvement in Hypodermic Syringes. The Lutz Syringe overcomes one of the greatest troubles connected with this class of instruments in the shrinking of the leather of the piston. In case the piston works too loosely by an ingenious contrivance it can be tightened.

The piston works as follows: If the leather cups have shrunk so that the piston is loose in the cylinder, by holding the inner rod firmly by the handle and turning the outer case A from you, or to the right, the nut tightens down upon the leather cups, and, the latter being thus compressed enlarge their diameters and force the leather cups outwardly until the cylinder is completely filled, and the piston becomes tight.

The reverse process relieves the cups of compression, and the piston works more freely in the cylinder. As the piston can be expanded any place along the cylinder, and, being composed of elastic and compressible material, it accommodates itself to all diametrical inequalities of the cylinder, thus preventing regurgitation of the fluids. The parts coming in contact with the fluid, being composed of gold or nickel, greatly obviates detached particles of leather from entering it. The piston can easily be removed and inserted into the cylinder, and is at all times ready for use. Price \$3.00 each sent by mail on receipt of price.

For further information, address: Messrs. I. L. Lyons & Co., New Orleans.

The Oldest Established House in the Trade

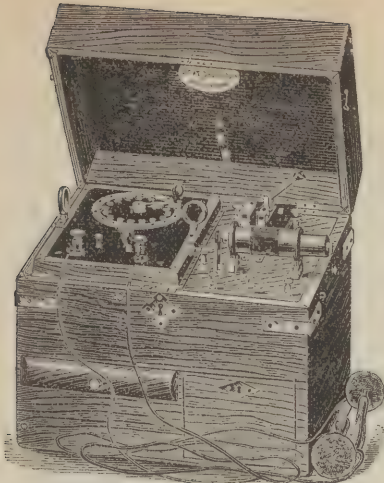
Galvano Faradic Man'g Co.,

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MANUFACTURERS OF THE

Standard Electrical Instruments

For Physicians, Surgeons, and Family Use. Galvanic Batteries, Electro-Magnetic Machines, Combined Batteries, Cautery Batteries, Cabinet Combination, Office and Table Batteries and Improved Holtz Machines.



16 Cell Combined Battery.

Electrodes of all Descriptions.

We would call special attention to the Milliampere Meter, lately devised by us, which is so delicately arranged as to register from one-fifth to thirty milliamperes. This instrument is very valuable for measuring the current used in Electrical treatment.

Our new Four-cell Battery, with Electric Lamp complete, for examinations, is far superior to any other in the market. We also manufacture Differential and Detector Galvanometers, Rheostats, Spark and Experimental Induction Coils, Electric Bells, Batteries and Battery Material. Electrical supplies of all kinds.

Send for Illustrated Price-List, and Mention this Journal.

SCOTT'S EMULSION
PURE COD LIVER OIL WITH
 HYPOPHOSPHITES OF LIME AND SODA.
 PERFECT, PERMANENT, PALATABLE.

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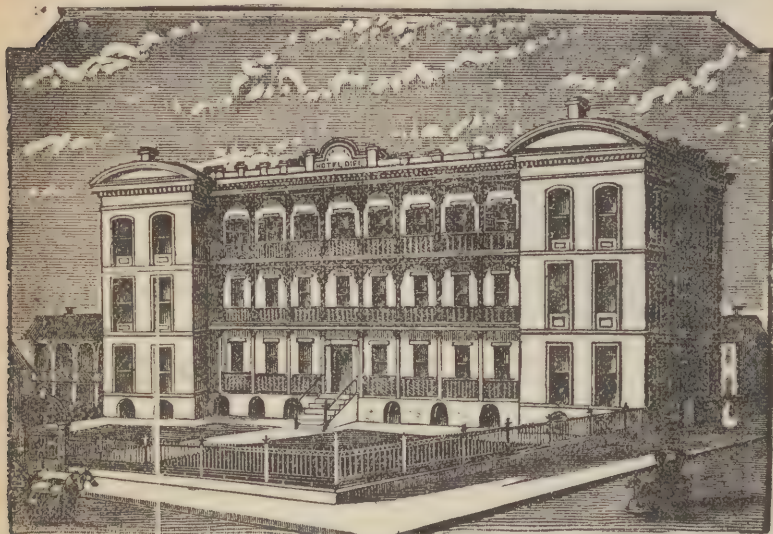
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— OF THE —

Fevers of Tropical and Temperate Climates,

EMBRACING INVESTIGATIONS ON THE VARIOUS FORMS OF

Malarial Fever, Yellow Fever, Typhoid Fever, Oriental Leprosy, and Other Diseases.

NEW ORLEANS, La., February 17, 1877.

The undersigned respectfully announces to his medical friends, the completion and publication of his work on the most important endemic diseases of tropical and temperate climates.

The author has embraced in his work on Fevers the original investigations and scientific researches of the past thirty years; he has endeavored to consolidate and arrange a vast mass of material which shall be of absolute and daily value to the practitioner and student of medicine.

The work embraces 1368 closely printed pages, the forms of type used being nonpareil, brevier and long primer. If the entire work were printed in the latter type, it would cover over two thousand pages. Whilst the paper is of superior quality for book-work, it is so dense and compact when properly pressed and bound, that the volume does not present an unwieldy appearance, but that of a medium sized volume.

The work is profusely illustrated by about 140 elaborate engravings, executed especially for its illustration. Many of these engravings occupy the size of an entire page. The work is also illustrated by sixteen plates, the majority of which are colored.

The present volume relates chiefly to the great endemic fevers of tropical and temperate climates, such as: INTERMITTENT, REMITTENT, PERNICIOUS and HÆMORRHAGIC MALARIAL FEVERS.

Careful comparisons are instituted between the symptoms and Pathological Anatomy of Yellow Fever and Typhoid Fever, and the various subjects are enriched by the observations and drawings of the author before, during and subsequent to the American Civil War (1861-1865), embracing a period of thirty years, 1856-1886.

We have also included in this volume memoirs relating to Oriental Leprosy (Elephantiasis Græcorum) and Elephant's Leg (Elephantiasis Arabum). As is well known, these diseases are chiefly characteristic of tropical and sub-tropical climates, and as the researches of our day have traced them to the action of certain Bacilli and Entozoa, their consideration in connection with the various forms of Malarial Fever may be regarded as appropriate and instructive.

In this work on Malarial Paroxysmal Fevers the author has endeavored to make each chapter a complete monograph on the division of the subject of which it treats, and this plan has necessitated the occasional repetition of cases and illustrations. The chapters relating to the character and changes of blood in different diseases, will be found to embrace a considerable amount of research, and also to contain a summary of the labors of the most distinguished chemists, physiologists and pathologists in England, France and Germany, relating to the chemistry, comparative anatomy, physiology and pathology of blood in man, in the various conditions of health and disease. The chapter which relates to the prevention and treatment of Malarial Fevers will be found to contain full descriptions of the botanical, chemical and therapeutical properties of the Indigenous Remedies of the United States which possess febrifuge and antiperiodic properties, and which may be employed as substitutes for Quinine (Peruvian Bark and its preparations). It is hoped that the practitioners of medicine in the malarious regions of our Southern, Western and Southwestern States will find much of practical value in Chapter VII. The researches relating to the Pathological Anatomy of the Brain, Heart, Liver, Spleen, Kidneys and Alimentary Canal in Malarial, Yellow and Typhoid Fevers have been the product of a large amount of severe and protracted original investigation and research, and the author expresses the hope that the facts and illustrations grouped in Chapter VI of this Volume will prove a lasting addition to our knowledge of the pathology of the fevers of tropical and temperate regions and serve as the basis of future studies and investigations in this most difficult branch of medical knowledge.

The author, who, from the absence of medical publishing houses in the South, has been compelled to act as his own publisher, assuming every responsibility, and meeting by cash payments every expense of original research and of printing and engraving, has spared no pains to secure accurate engravings, and elaborate tabular statements of chemical, physiological, pathological mortuary and vital statistics.

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Extract from Letter, W. F. GLENN, M. D.,

Professor of Genito-Urinary Diseases in the Medical Department of the University of Tennessee.

No practitioner passes many days, or seldom many hours, without being called upon to prescribe for some real or imaginary disease of the kidneys. While such serious disorders as diabetes and Bright's disease, in which these organs are fatally involved, are occasionally met with, they are few as compared with the many minor affections, not only of the kidneys themselves, but of all parts of the genito-urinary tract. Catarrh of the kidneys, ureter bladder or urethra, irritations and congestions of the various parts of the urinary apparatus, are as common as bad colds. What is more frequent than patients complaining of pain in the back, in the region of the kidneys, with or without a scant flow of urine, or a burning sensation in the neck of the bladder or urethra on voiding urine, and numbers of other similar ailments. In all forms of functional derangement of these important excretory organs the administration of a gentle but effective diuretic generally affords relief. Where an analysis of the urine proves the absence of elements that would indicate serious organic lesions it is a safe, and in fact a proper course, to use a remedy that will stimulate to gentle action the cells of the kidneys, thereby increasing the watery portions of the urine. Such a course will rarely fail to effect a cure.

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Atropine Sulphas 1-120 grain,	20	Morphine Sulph. 1-4 grain,	
" 9 Morphine Sulphas 1-4 grain,	20	" 44 Duboisine Hydrochlor. 1-100 grain,	15
Atropine Sulphas 1-150 grain,	20	Morphine Sulph. 1-8 grain,	
" 10 Morphine Sulphas 1-6 grain,	20	" 45 Hyoscyamine Sulph. 1-60 grain,	15
Atropine Sulphas 1-180 grain,	20	" 46 Hyoscyamine Sulph. 1-100 grain,	15
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Atropine Sulphas 1-200 grain,	20	Morphine Sulph. 1-4 grain,	
" 12 Morphine Sulphas 1-12 grain,	20	" 48 Picrotoxini 1-40 grain,	15
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" 14 Atropine Sulphas 1-100 grain,	15	Strych. Sulph. 1-80 grain,	
" 15 Atropine Sulphas 1-150 grain,	15	" 51 Conine Hydrobrom. 1-80 grain,	15
" 16 Strychnine Sulphas 1-60 grain,	15	" 52 Conine Hydrobrom. 1-100 grain,	15
" 17 Strychnine Sulphas 1-100 grain,	15	" 53 Conine Hydrobrom. 1-100 grain,	15
" 18 Strychnine Sulphas 1-150 grain,	15	Morphine Sulph. 1-6 grain,	
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" 20 Apomorph. Mur. 1-20 grain,	20	" 55 Curarine Sulph. 1-80 grain,	15
" 21 Pilocarpine Mur. 1-4 grain,	50	" 56 Curarine Sulph. 1-100 grain,	15
" 22 Pilocarpine Mur. 1-8 grain,	30	" 57 Eserine Sulph. 1-60 grain,	15
" 23 Pilocarpine Mur. 1-20 grain,	20	" 58 Eserine Sulph. 1-80 grain,	15
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
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READING NOTICES.

"COCA AS A CARDIAC TONIC."—The N. Y. *Medical Record* of February 26th, 1887, gives an interesting article entitled "Heart Strain and Weak Heart," by Beverley Robinson, M. D. We extract the following (p, 238).

* * * "On several occasions, when digitalis has proved to be useless or injurious, I have had very excellent results from caffeine or convallaria. Certainly, the latter drug is more easily tolerated by a sensitive stomach than digitalis is; and whenever the nervous supply of the heart is especially implicated, I believe that I secure more quieting effects from its employment. Among well known cardiac tonics and stimulants for obtaining temporary good effects, at least, I know of no drug quite equal to Coca. Given in the form of wine or fluid extract, it does much, at times, to restore the heart-muscle to its former tone. I have obtained the best effects from the use of Mariani's Wine. From personal information given me by this reliable pharmacist, these results are attributable to the excellent quality of the Coca leaves and of the wine which he uses in its manufacture."

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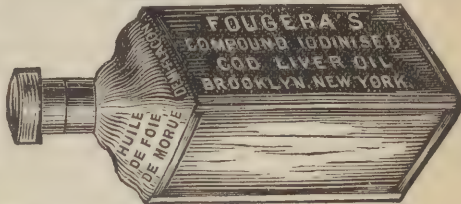
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NERVE-TONIC, STIMULANT AND ANTISPASMODIC.

FORMULA.—Every Fluid-Drachm represents FIVE grains EACH—Celery, Coca, Kola, Viburnum and Aromatics.

INDICATIONS.—Impotency, Spermatorrhea, Loss of Nerve-Power (so usual with Lawyers, Preachers, Writers and Business Men), Nervous Headache, Neuralgia, Paralysis, Dysmenorrhea, Hysteria, Opium-Habit, Inebriety, Prostatitis, Dyspepsia, and ALL LAQUID or DEBILITATED conditions of the System.—Indispensable to restore a patient after alcoholic excess.

DOSE.—One or two teaspoonfuls three or more times a day, as directed by the Physician.

ALETIS CORDIAL

UTERINE TONIC AND RESTORATIVE.

PREPARED FROM THE ALETIS FARINOSA OR TRUE UNICORN.

INDICATIONS.—Amenorrhea, Dysmenorrhea, Leucorrhea, Prolapsus Uteri, Sterility, to PREVENT Miscarriage, etc.

DOSE.—One teaspoonful three or four times a day.

Unrivalled as a Uterine Tonic in Irregular, Painful, Suppressed & Excessive Menstruation
IT RESTORES NORMAL ACTION TO THE UTERUS, AND IMPARTS VIGOR TO
THE ENTIRE UTERINE SYSTEM.

Where Women have aborted during previous Pregnancies, or in any case where abortion is feared, the Aletris Cordial is indicated, and should be continuously administered during entire gestation.

ACID MANNATE

A MILD, SAFE AND PLEASANT APERIENT.

Prepared from Manna, Purified Cathartic Acid, and Fruit Juices.

INDICATIONS.—Constipation, Biliousness, Congestions, Etc. **INDISPENSABLE AS AN APERIENT FOR WOMEN DURING PREGNANCY.** In teaspoonful doses, 3 times a day, it favors the SECRETION and EXCRETION of bile, and gradually removes the congested and torpid states of the liver, and keeps the bowels in a regular and soluble condition.

DOSE.—ONE or MORE teaspoonfuls as directed by the Physician.

S. H. KENNEDY'S CONCENTRATED EXTRACT OF PINUS CANADENSIS

DARK

A NON-ALCOHOLIC LIQUID.

WHITE

A MOST VALUABLE NON-IRRITATING MUCOUS ASTRINGENT.

INDICATIONS.—Albuminuria, Diarrhea, Dysentery, Night-Sweats, Hemorrhages, Profuse Expectoration, Catarrh, Sore Throat, Leucorrhea, and other Vaginal Diseases, Piles, Sores, Ulcers, Burns, Scalds, Gonorrhea, Gleet, Etc.

When Used as an Injection, to Avoid Staining of Linen, the WHITE Pinus should be Used.

Recommended by DR. J. MARION SIMS, and other Prominent Physicians.

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Samples FREE to any Physician who will pay Express charges, and mention this Journal.



Put up in 1 lb. Cans, 5 lb. Cans, 10 lb. Cans, 25 lb. Cans, 50 lb. Cans, 100 lb. Cans.

SAMPLES FURNISHED ON APPLICATION. The Post-Office Laws forbid anything of an oleaginous nature being sent through the mails.

In chemical composition, Cosmoline (Unguentum Petrolei) is an oleaginous hydrocarbon corresponding to the heavy petroleum oils, and containing a large amount of the paraffines and olefines of the formulæ $C_{16}H_{34}$ and $C_{16}H_{32}$. It contains but a small percentage of the paraffines and olefines, corresponding to the formulæ C_7H_{16} and C_7H_{14} respectively, and the offensive and irritating properties of the crude oil have been carefully removed. In the process of purification no acids, alkalis or other chemicals are employed and no injurious additions of any kind are made to the natural product. The result is a semi-solid, translucent substance, with a faint odor, and unctuous feel.

Cosmoline (Unguentum Petrolei) melts at about 109° Fah. (38° Cent.); and boils at about 625° Fah. (329° Cent.); its specific gravity is about 0.875 at 60° Fah.

As it contains no oxydizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any elimate or temperature.

201 MADISON AVENUE, NEW YORK, February 26, 1878.

I have examined the preparation of Cosmoline as manufactured by E. F. Houghton & Co., Philadelphia, and believe them well adapted to the purposes for which they are designed. As lubricants and as the base of simple or medicated ointments, they have a decided advantage over the fixed oils and fatty substances in ordinary use, in that they do not become rancid, and do not acquire irritating qualities from atmospheric exposure.

ALFRED C. POST, M. D., LL. D.,
*Emeritus Professor of Clinical Surgery in the University of New York,
Visiting Surgeon to Presbyterian Hospital, etc.*

218 SOUTH SIXTEENTH ST., PHILADELPHIA, July 7, 1880.

Messrs. E. F. HOUGHTON & Co.:

Gents—The petroleum product prepared by you and supplied to physicians under the name of Cosmoline (Unguentum Petrolei), was first brought to my notice while I was resident physician in the Pennsylvania Hospital, and it at once commended itself to me as a bland emollient, as an elegant substitute for carbon oil in burns and scalds, as a protective in excoriations and certain diseases of the skin, and as an excipient in the place of lard for applications to the eye and ear. For the last two years I have used the plain Cosmoline, both in Hospital and in private practice, in Gynecological and Obstetrical cases, with perfect satisfaction, and consider it much superior to Olive Oil, which is so generally used. Carbolated Cosmoline is a useful combination, but the rose-scented Cosmoline is, beyond all question, a work of art, which cannot be too highly commended. I have the honor to be

Very respectfully yours,

FRANK WOODBURY, M. D.

Physician to German Hospital.

Messrs. E. F. HOUGHTON & Co.:

PHILADELPHIA, July 10, 1880.

I have for a number of years made extensive use of Cosmoline (Unguentum Petrolei) and consider it a most valuable article for surgical purposes. Either as a dressing by itself or as a vehicle for the application of medicaments, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature.

Yours truly,

JOHN H. PACKARD, M. D.

Messrs. E. F. HOUGHTON & Co.:

1031 WALNUT STREET, PHILADELPHIA.

I have used extensively Cosmoline (Unguentum Petrolei) both in dispensary and private practice, with very great satisfaction. As a vehicle for making ointments it is invaluable and far superior to lard, for the reason that it will not become rancid or undergo chemical change like the latter, when exposed to the atmosphere. I cannot too highly commend it as an application in various skin diseases.

Yours truly,

JOHN V. SHOEMAKER, A. M., M. D.

Physician to the Pennsylvania Free Dispensary for Skin Diseases.

Prepared by E. F. HOUGHTON & Co., 211 S. Front St., Philadelphia.

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SACCHARATED PEPSIN,

which has proven its superiority over other Pepsins by its stability and uniformity, and by its agreeable taste.

In digestive power it corresponds to the standard adopted by the Committee on the 6th Revision of the U. S. Pharmacopœia, which is as follows:

One part dissolved in 500 parts of water acidulated with 7.5 parts of hydrochloric acid should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

CONCENTRATED DRY PEPSIN,

which possesses eight times the digestive power of the Saccharated; particularly recommended to manufacturers.

LIQUID PEPSIN,

a very active and palatable medicine, containing 4 per cent. of Saccharated Pepsin dissolved in acidulated water and glycerine.

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Trusses, Crutches, Invalid Chairs, &c. &c.

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These preparations may be relied upon as being accurately and skillfully prepared, from the best materials.

ROBINSON'S HYPOPHOSPHITES.

Nutritive, Tonic and Restorative, palatable and agreeable.

Each fluid ounce contains:

HYPOPHOSPHITES SODA.....	2	grs.
" LIME.....	1½	"
" IRON.....	1½	"
" QUININE.....	¾	"
" MANGANESE.....	1½	"
" STRYCHNINE.....	1-16	"

DOSE: 1 to 4 Fldrs.

The efficacy of such a combination of remedial agents in the treatment of pulmonary weakness, or any form of debility, has been clearly demonstrated. In CONSUMPTION and other WASTING DISEASES and in STRUMOUS affections it has proved invaluable. In **pint bottles.**
Price \$1.00.

ROBINSON'S WINE OF COCA.

The stimulant virtues of the best select grade of **Coca Leaves** are represented in this preparation combined with a very fine article of pure **Imported Malaga Wine.** It is recommended in cases of nervous prostration, general debility, etc.

Each fluid drachm equals 7½ grains Coca Leaves. DOSE: 1 to 8 Fldrs. In **pint bottles**
Price \$1.00.

ROBINSON'S LIME JUICE AND PEPSIN.

An elegant preparation, combining the reliable *digestive* properties of *Scheffer's Concentrated Pepsin*, and the *Aperient and Cholagogue* characteristics of *Pure Lime Juice* of the best quality. A valuable remedy for *Dyspepsia, Indigestion, Biliousness, etc.*

Each fldr. digests at least 100 grs. albumen: for specific test see label.

DOSE: 1 to 4 Fldrs.

In 6 oz. Bottles.....	Price 50c.
In Pint Bottles.....	" \$1.00.

ROBINSON'S PHOSPHORIC ELIXIR.

A MODIFIED AND IMPROVED FORM OF
CHEMICAL FOOD.

Each fluidounce represents:

PHOSPHATE SODIUM.....	12	grains.
" POTASSIUM.....	4	"
" CALCIUM.....	4	"
" IRON.....	2	"
FREE MONOHYDRATED PHOSPHORIC ACID.....	16	"

Therefore is approximately equal to thirty (30) grains of Monohydrated Phosphoric Acid, *free and combined.*

Equal in therapeutical value to the old reliable Parrish Chemical Food, or any similar combination of Phosphates, and in elegance of appearance and palatability far superior. The full benefit of Phosphoric Acid and the above named Phosphates as a remedy for *Nervous Exhaustion, General Debility, Deranged Digestion, Renal Troubles, etc.,* will be derived from our "*Phosphoric Elixir.*"

DOSE.

The average dose is a dessertspoonful (2 fldrs) diluted with water to be taken immediately before, during, or after meals. In **Pint Bottles, Price \$1.00.**

May be obtained through retail Druggists. If the nearest Druggist is not supplied, we will forward, for trial, either article by Express prepaid upon receipt of the retail price.

We invite a trial of our preparations. Please specify Robinson's. We are confident you will be pleased with them.

R. A. ROBINSON & CO.,

Manufacturing Pharmacists,

Established 1842.

LOUISVILLE, KY

STRONG ENDORSEMENTS.

ROBINSON'S HYPOPHOSPHITES,

ROBINSON'S LIME JUICE AND PEPSIN,

ROBINSON'S PHOSPHORIC ELIXIR,

ROBINSON'S WINE COCA.

We have received from a number of Physicians gratifying reports as to the very satisfactory results obtained in the use of our Preparation. Among them the following to which we respectfully ask attention.

MESSRS. R. A. ROBINSON & CO.

LOUISVILLE, Ky., March 29, 1886.

Gentlemen: It affords me pleasure to state that for some time past I have been prescribing the *Syrup of Hypophosphites* and *Wine of Coca* prepared by your firm, with uniformly good results. Both are elegant preparations. As a stimulant in cases of Exhaustion, from whatever cause arising, and as antidote to the evil effects of Opium, your *Wine of Coca* has proven most serviceable. Your *Syrup of the Hypophosphites* presents a combination of constructive tonics and alteratives massed together in palatable form and in a beautiful solution, indicative of unsurpassed Pharmaceutical Art. I have used the latter in the debility of the old and the young; with nursing mothers and with those of strumous and tubercular tendencies with most gratifying effects. The well known reliability of your house is a sufficient guarantee of the purity of any compound upon which its label is found.

Yours very respectfully,

[Signed]

COLEMAN ROGERS, M. D.

MESSRS. A. R. ROBINSON & CO.

LOUISVILLE, Ky., April 1, 1886.

Gentlemen: For a number of months I have been prescribing your "Syrup of Hypophosphites" and have also been employing your "Wine of Coca" since it was placed before the profession. In my prescriptions I have specified "R. A. Robinson & Co." because of my confidence in the integrity of the manufacturers; feeling assured that they would permit no indifferent compound to be prepared at their laboratory. After having observed the effects of the above preparations on a large number of patients, I am convinced that no similar mixtures now upon the market, are so elegant and palatable, and at the same time so invariable and accurate in composition.

Respectfully your obedient servant,

[Signed]

JAMES M. HOLLOWAY, M. D.,
No. 728 Fourth Avenue.

MESSRS. R. A. ROBINSON & CO.

LOUISVILLE, Ky., April 16, 1886.

Dear Sir: It gives me pleasure to state that I have used your preparations of Hypophosphites and Wine Coca, with most excellent results. The Wine Coca I used in a case of Exophthalmic Goitre. The Patient has been bedridden for three years and it has given her more comfort than anything she has taken, and enables her to go about her room with comparative ease. The reputation of your house gives assurance that these valuable remedies are what they are represented to be and I can recommend them both.

Yours truly,

[Signed]

T. P. SATTERWHITE.

MESSRS. R. A. ROBINSON & CO.

MADISONVILLE, Ky., Nov. 20, 1886.

Gentlemen: I am pleased with your "Lime Juice and Pepsin" I have used a great many kinds of Pepsin, but obtained but little benefit from them. I use your "Lime Juice and Pepsin" in my practice very extensively, and think that it is far superior to anything in the way of Pepsin.

Yours truly,

[Signed] W. S. ROSS, M. D.

MESSRS. R. A. ROBINSON & CO.

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It affords me much pleasure to be able to bear testimony to the virtues of some of your Specialties. I have prescribed your *Lime Juice and Pepsin* in several cases of chronic indigestion, with very happy results. I have also used your *Phosphoric Elixir* in extreme nervous exhaustion, with incipient paralysis, and have obtained good results. I can cheerfully recommend your preparations for purity, excellence and palatability. The eminent reputation of your house for honorable dealing, is a sufficient guarantee that all your preparations are reliable and precisely as represented.

Respectfully,

[Signed]

JOHN TOTTEN, M. D.

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ROBINSON'S PHOSPHORIC ELIXIR,

A Modified and Improved Form of Chemical Food.

Our *Manufacturing Department* is now one of the main features of our business, and our facilities are such that practitioners may with confidence rely upon our products being of the highest degree of excellence attainable, in every respect.

In prescribing please specify *Robinson's*.

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SADDLE BAGS, FRESH HUMAN AND BOVINE VACCINE.

The extensive Dispensing Department and complete Laboratory connected with our Wholesale Business enables us to give that careful attention to Physician's Orders necessary to ensure filling them satisfactorily.

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Pharmaceutical and Medicinal Preparations

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During our many years experience we have always recognized the importance of establishing in our midst a LABORATORY which would enable physicians to procure at home, with a guarantee of purity and reliability, the many elegant and really scientific preparations which have of late years become so popular with practitioners and patients. Supplied with the MOST APPROVED APPARATUS and in charge of intelligent and experienced pharmacutists, we may justly claim the products of our laboratory to be excelled by none in the country, and to be far superior to most others of foreign manufacture. We cannot attempt here to enumerate all the extensive list of our preparations, and will only call attention to the leading ones, which have, by their absolute reliability, elicited the praise and approbation of the leading physicians in this city.

We also beg to add that we are prepared to manufacture at short notice any pharmaceutical preparation which physicians may be unable to procure elsewhere.

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 COD LIVER OIL with SOLUBLE PHOSPHATE OF LIME;
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 COD LIVER OIL, PHOSPHORATED;
 BERGEN COD LIVER OIL, WHITE;
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NUTRITIVE ELIXIR, (Beef, Cognac and Bitter Orange) NUTRITIVE ELIXIR, FERRATED, designed as SUBSTITUTES FOR DUCROS' ELIXIR, at more moderate prices.

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 ELIXIR CALISAYA, IRON, PEPSINE and BISMUTH.
 ELIXIR CIT. LITHIA
 ELIXIR PHOSPHATE IRON, QUININE and STRYCHNIA.
 ELIXIR PYROPHOS. IRON, QUININE and STRYCHNIA.
 ELIXIR PEPSINE.
 ELIXIR PEPSINE and BISMUTH.
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 SYRUP IRON, free from taste and acid.
 SYRUP PHOSPH. IRON, QUININE and STRYCHNIA.
 SYRUP IOD. IRON and MANG.
 SYRUP HYD. CHLORAL.
 SYRUP LACTO-PHOS. LIME and PEPSINE.
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 WINE, BEEF and IRON.
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FLUID EXTRACT ERGOT prepared from the selected grains, and all fluid Extracts of STANDARD STRENGTH.

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FLUID, SOLID AND POWDERED EXTRACTS,

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Comprising all the officinal and other well-known favorite formulæ.

These PILLS are all Prepared with the Utmost Care, under our Immediate
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The DRUGS entering into their Composition are of the Best Quality.

The Quantities and Proportions are Invariably as Represented on the Labels.

The Excipients to make the Masses are Carefully Chosen in each Case, to
make the Pill Permanently Soluble in the Fluids of the Stomach and
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The Sugar Coating and Gelatine Coating will be found very Soluble, and
not excelled by any other in point of Beauty or Finish.

Physicians will find our **Pil: Lapaeticæ (S. & D's.)**

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Composition: { Aloni, 1-4 gr. Extr. Bellad, 1-8 gr. }
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An elegant and most efficient combination for the relief of Habitual Constipation, Atonic Dyspepsia, Biliary Engorgement, and many gastric disorders.

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SOLUBLE HYPODERMIC TABLETS.

These Tablets are quickly and perfectly soluble in cold or warm water.

They combine accuracy of dose with perfect preservation of the active ingredient.

The base with which the latter is combined is perfectly harmless and unobjectionable.

They will cause no abscesses.

They will not become insoluble by age

They may also be administered by the mouth.

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GREEN SPRING SANITARIUM

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FOR THE TREATMENT OF NERVOUS AND MENTAL DISEASES.

Including the Opium and Alcohol Habits; also Diseases incident to Women, Chronic Rheumatism, Skin Diseases and Dyspepsia. Seventy miles west of Cleveland in a natural grove of ten acres. Sixteen years successful operation. Means and appliances complete. Treatment by baths, electricity and massage a specialty. One of the largest medical springs in America. Elegant apartments, moderate terms.

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WHEELER'S TISSUE PHOSPHATES.

Bone-Calcium Phosphate Ca.3. 2 P. O.4 Sodium Phosphate Na.3. M. P. O.4 Ferrous Phosphate Fe.3. 2 P. O.4 Tribidrogen Phosphate S. P. O.4

Wheeler's Compound Elixir of Phosphates and Calceya. A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility.

The Lactophosphates prepared from the formula of Prof. Dussart, of the University of Paris, combines with a superior Permanent Sherry Wine and Aromatics in an agreeable cordial easily assimilable and acceptable to the most irritable stomachs.

Medium medical doses of Phosphorus, the oxidising element of the Nerve Centers for the Generation of Nerve Force; Lime Phosphate, an agent of Cell Development and Nutrition; Soda Phosphate, an excitant of functional activity of Liver and Pancreas and Corrective of Acid Fermentation in the Alimentary Canal; Iron, the Oxidizing Constituent of the Blood for the generation of Heat and Motion, Phosphoric Acid Tonic in Sexual Debility, Alkaloids of Calceya, Anti-Malarial and Febrifuge, Extract of Wild Cherry, uniting with tonic power the property of calming Irritation and diminishing Nervous Excitement.

The superiority of the Elixir consists in uniting with the Phosphates the special properties of the Cinchona and Prunus, of inducing fever and allaying Irritation of the Mucous Membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of faulty nutrition, the outcome of Indigestion, Mal-assimilation of Food, and failure of supply of these essential elements of Nerve Force and Tissue Repair.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium and Tobacco Habits, Gestation and Lactation to promote development etc., and as a physiological restoration in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

There is no strychnia in this preparation, but when indicated the Liquor Strychnia of the U. S. Dispensatory may be added, each fluid drachm of the solution to a pound bottle of the Elixir making the 64th of a grain to a half fluid ounce, an ordinary dose, a combination of a wide range of usefulness.

DOSE.—For an adult, one tablespoonful three times a day, after eating, from seven to twelve years of age, one dessertspoonful from two to seven, one teaspoonful, for infants, from five to twenty drops, according to age.

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TRAINS NORTH BOUND.

Read Down.

TRAINS SOUTH BOUND.

Read Up.

No. 2	No. 6		FLAG STATIONS MARKED THUS †		No. 1	No. 5
10:40 A. M.	8:00 P. M.	Leave	NEW ORLEANS.	Arrive	3:00 P. M.	7:35 A. M.
11:43 A. M.	9:10 P. M.	"	SLIDELL.	Leave	2:00 P. M.	6:28 A. M.
11:57 A. M.	† 9:23 P. M.	"	PEARL RIVER.	†	1:47 P. M.	6:14 A. M.
12:12 P. M.	† 9:39 P. M.	"	NICHOLSON.	"	1:32 P. M.	5:57 A. M.
12:22 P. M.	† 9:51 P. M.	"	MITCHELL.	"	1:21 P. M.	5:46 A. M.
12:30 P. M.	† 10:00 P. M.	"	HIGHLAND.	"	1:12 P. M.	† 5:37 A. M.
1:07 P. M.	10:36 P. M.	"	POPLARVILLE.	"	12:34 P. M.	5:00 A. M.
1:24 P. M.	† 10:51 P. M.	"	HILLSDALE.	†	12:17 P. M.	† 4:45 A. M.
1:39 P. M.	† 11:05 P. M.	"	PIOTONA.	"	12:02 P. M.	† 4:30 A. M.
1:49 P. M.	† 11:14 P. M.	"	TALOWAH.	†	11:52 A. M.	† 4:21 A. M.
2:02 P. M.	† 11:25 P. M.	"	PURVIS.	"	11:38 A. M.	† 4:09 A. M.
2:13 P. M.	† 11:35 P. M.	"	OKAHOLA.	"	11:27 A. M.	† 4:00 A. M.
2:26 P. M.	† 11:45 P. M.	"	CARTER.	†	11:16 A. M.	† 3:48 A. M.
3:00 P. M.	† 11:59 P. M.	"	HATTIESBURG.	"	11:00 A. M.	† 3:35 A. M.
3:16 P. M.	† 12:14 A. M.	"	† EASTABUCHEE.	†	10:46 A. M.	† 3:20 A. M.
3:25 P. M.	† 12:24 A. M.	"	† TUSCANOLA.	"	10:36 A. M.	† 3:10 A. M.
3:46 P. M.	† 12:42 A. M.	"	† ELLISVILLE.	"	10:17 A. M.	† 2:52 A. M.
4:01 P. M.	† 12:57 A. M.	"	† LAUREL.	"	10:03 A. M.	† 2:37 A. M.
4:17 P. M.	† 1:15 A. M.	"	† SANDERSVILLE.	†	9:45 A. M.	† 2:21 A. M.
4:33 P. M.	† 1:30 A. M.	"	† HEIDELBERG.	"	9:29 A. M.	† 2:06 A. M.
4:42 P. M.	† 1:37 A. M.	"	† VASSBURG.	"	9:22 A. M.	† 1:59 A. M.
4:53 P. M.	† 1:48 A. M.	"	† BARNETT.	†	9:11 A. M.	† 1:48 A. M.
5:00 P. M.	† 1:56 A. M.	"	† PACHUTA.	†	9:03 A. M.	† 1:39 A. M.
5:20 P. M.	† 2:18 A. M.	"	† ENTERPRISE.	"	8:43 A. M.	† 1:19 A. M.
5:38 P. M.			† CORINNE.	†	8:27 A. M.	
6:00 P. M.	3:00 A. M.	Arrive	MERIDIAN.	"	8:00 A. M.	12:40 A. M.
12:30 P. M.	7:48 P. M.	"	TUSCALOOSA.	"	3:47 A. M.	8:15 P. M.
13:40 A. M.	10:00 A. M.	"	BIRMINGHAM.	"	1:40 A. M.	5:35 P. M.
3:32 A. M.	1:05 P. M.	"	ATTALLA.	"	10:31 P. M.	2:15 P. M.
7:50 A. M.	5:55 A. M.	"	CHATTANOOGA.	"	6:30 P. M.	9:15 A. M.
1:28 P. M.	1:15 A. M.	"	SOMERSET.	"	12:50 P. M.	2:27 A. M.
2:42 P. M.	2:40 A. M.	"	JUNCTION CITY.	"	11:35 P. M.	12:53 P. M.
4:12 P. M.	4:00 A. M.	"	LEXINGTON.	"	10:22 A. M.	11:20 P. M.
6:42 P. M.	6:40 A. M.	"	CINCINNATI.	"	7:55 A. M.	8:10 P. M.

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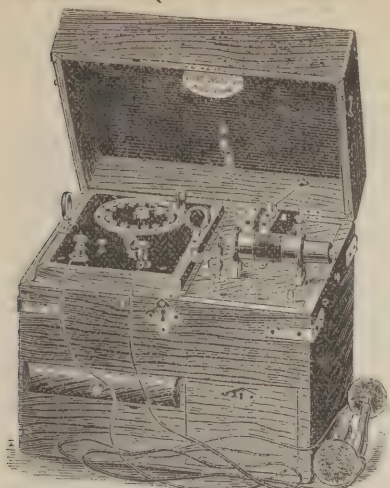
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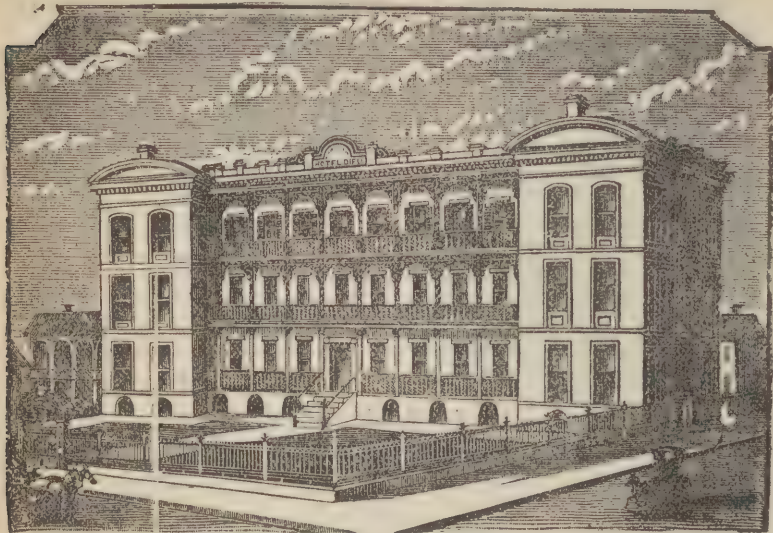
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NATURE AND TREATMENT

— OF THE —

Fevers of Tropical and Temperate Climates,

EMBRACING INVESTIGATIONS ON THE VARIOUS FORMS OF
 Malarial Fever, Yellow Fever, Typhoid Fever, Oriental
 Leprosy, and Other Diseases.

NEW ORLEANS, La., February 17, 1877.

The undersigned respectfully announces to his medical friends, the completion and publication of his work on the most important endemic diseases of tropical and temperate climates.

The author has embraced in his work on Fevers the original investigations and scientific researches of the past thirty years; he has endeavored to consolidate and arrange a vast mass of material which shall be of absolute and daily value to the practitioner and student of medicine.

The work embraces 1368 closely printed pages, the forms of type used being nonpareil, brevier and long primer. If the entire work were printed in the latter type, it would cover over two thousand pages. Whilst the paper is of superior quality for book-work, it is so dense and compact when properly pressed and bound, that the volume does not present an unwieldy appearance, but that of a medium sized volume.

The work is profusely illustrated by about 140 elaborate engravings, executed especially for its illustration. Many of these engravings occupy the size of an entire page. The work is also illustrated by sixteen plates, the majority of which are colored.

The present volume relates chiefly to the great endemic fevers of tropical and temperate climates, such as: INTERMITTENT, REMITTENT, PERNICIOUS and HÆMORRHAGIC MALARIAL FEVERS.

Careful comparisons are instituted between the symptoms and Pathological Anatomy of Yellow Fever and Typhoid Fever, and the various subjects are enriched by the observations and drawings of the author before, during and subsequent to the American Civil War (1861-1865), embracing a period of thirty years, 1856-1886.

We have also included in this volume memoirs relating to Oriental Leprosy (Elephantiasis Græcorum) and Elephant's Leg (Elephantiasis Arabum). As is well known, these diseases are chiefly characteristic of tropical and sub-tropical climates, and as the researches of our day have traced them to the action of certain Bacilli and Entozoa, their consideration in connection with the various forms of Malarial Fever may be regarded as appropriate and instructive.

In this work on Malarial Paroxysmal Fevers the author has endeavored to make each chapter a complete monograph on the division of the subject of which it treats, and this plan has necessitated the occasional repetition of cases and illustrations. The chapters relating to the character and changes of blood in different diseases, will be found to embrace a considerable amount of research, and also to contain a summary of the labors of the most distinguished chemists, physiologists and pathologists in England, France and Germany, relating to the chemistry, comparative anatomy, physiology and pathology of blood in man, in the various conditions of health and disease. The chapter which relates to the prevention and treatment of Malarial Fevers will be found to contain full descriptions of the botanical, chemical and therapeutical properties of the Indigenous Remedies of the United States which possess febrifuge and antiperiodic properties, and which may be employed as substitutes for Quinine (Peruvian Bark and its preparations). It is hoped that the practitioners of medicine in the malarious regions of our Southern, Western and Southwestern States will find much of practical value in Chapter VII. The researches relating to the Pathological Anatomy of the Brain, Heart, Liver, Spleen, Kidneys and Alimentary Canal in Malarial, Yellow and Typhoid Fevers have been the product of a large amount of severe and protracted original investigation and research, and the author expresses the hope that the facts and illustrations grouped in Chapter VI of this Volume will prove a lasting addition to our knowledge of the pathology of the fevers of tropical and temperate regions and serve as the basis of future studies and investigations in this most difficult branch of medical knowledge.

The author, who, from the absence of medical publishing houses in the South, has been compelled to act as his own publisher, assuming every responsibility, and meeting by cash payments every expense of original research and of printing and engraving, has spared no pains to secure accurate engravings, and elaborate tabular statements of chemical, physiological, pathological mortuary and vital statistics.

The hope is expressed that the medical profession will sustain this effort to bring to a successful termination, and place in a permanent form, the results of investigations which have extended over more than a quarter of a century.

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Extract from Letter, W. F. GLENN, M. D.,

Professor of Genito-Urinary Diseases in the Medical Department of the University of Tennessee.

No practitioner passes many days, or seldom many hours, without being called upon to prescribe for some real or imaginary disease of the kidneys. While such serious disorders as diabetes and Bright's disease, in which these organs are fatally involved, are occasionally met with, they are few as compared with the many minor affections, not only of the kidneys themselves, but of all parts of the genito-urinary tract. Catarrh of the kidneys, ureter bladder or urethra, irritations and congestions of the various parts of the urinary apparatus, are as common as bad colds. What is more frequent than patients complaining of pain in the back, in the region of the kidneys, with or without a scant flow of urine, or a burning sensation in the neck of the bladder or urethra on voiding urine, and numbers of other similar ailments. In all forms of functional derangement of these important excretory organs the administration of a gentle but effective diuretic generally affords relief. Where an analysis of the urine proves the absence of elements that would indicate serious organic lesions it is a safe, and in fact a proper course, to use a remedy that will stimulate to gentle action the cells of the kidneys, thereby increasing the watery portions of the urine. Such a course will rarely fail to effect a cure.

For this purpose there is nothing superior to buchu, juniper, acetate of potash, corn silk and digitalis. The action of many of this class of remedies, such as corn silk, juniper, eucalyptus etc., have a more or less specific influence on bladder and urethral irritations, and inflammations.

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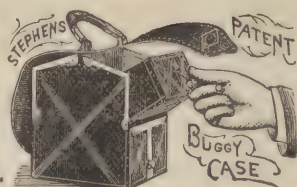
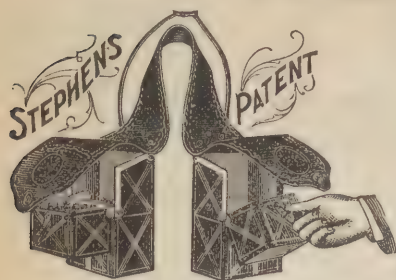
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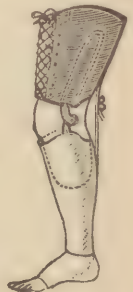
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The water should be used in accordance with the rules required, while undergoing a regular mineral water treatment, respective to diet, etc.

DIRECTIONS—Two or three glasses in the morning at proper intervals, one glass in the evening. The water to be kept at ordinary room temperature.

Please take notice that the Lithia water as sold by the glass at soda fountains is *not the same* as the Carbonated Lithia Water offered by me.

These "substitutes" are derived from some natural production and are only charged with Carbonic acid gas. I hereby caution the profession and the public against recommending or using them, as they will not produce the same effect upon the system, as the genuine prepared only by C. L. Keppler,

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Approximate Solubility in Cold Water,	:	:	:	:	2½ gr. to 1 oz.
" " " Hot Water,	:	:	:	:	12 " 1 "
" " " Alcohol,	:	:	:	:	¾ " 1 "

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Aqua Rosæ,	:	:	:	:	:	oz. iv.	

Use ½ oz. as an injection.

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PRE-DIGESTED FOODS.

There is a prejudice against prepared foods, quite general, but disappearing; a prejudice born of ignorance like most others. The medical profession already regards them as useful, almost invaluable for infants and invalids. Necessity—the mother of invention—has led to the adoption of artificial digestive agents in cases of weakness and failure of the digestive powers. And this incapacity is more common than one would think, coming from mental worry, exhaustion, intemperance, the opium habit, disease, accident, negligence, etc., and nervous people are proverbially dyspeptic.

An American, especially a Yankee, eating reminds one of the walking-beam of a steamboat when one end is up the other is down. And so at meals, when the drink hand goes up the food hand goes down, and *vice versa*.

The body demands for its sufficient sustenance, for the muscles—food rich in nitrogen; for the maintenance of animal heat—carbonaceous food; for the brain and nerves—phosphates. We find albumen in the muscles and flesh, and so it is necessary for the building up of tissue. But when the Liver is deranged, the digestion of albuminoids cannot properly be performed, hence only in a pre-digested form can it be assimilated by the system.

Albumen is found in milk and in smaller proportions in cereals as the gluten of wheat. Phosphate of lime is required for the bones, and is furnished by cereals and milk. Milk sugar is a desirable need for old people and children for obvious reasons.

“Baby Foods” generally lack fat; fat is essential to healthy tissue, and therefore foods containing milk are the most complete, as from the milk a certain amount of fat is present, and then they are the most palatable. The principle which should underlie all baby foods, is the conversion of insoluble starch into soluble matters, to prevent its irritant presence setting up diarrhoea for its removal. When cereals are cooked by high steam heat, the starch transformation into soluble dextrine is more complete. And as the digestive organs become enfeebled by the advance of civilization, pre-digested starch must come more and more to the front. Babies have their choice of food just as much as their elders, and they show it by rejection of one food and delight in another. As they also show ability to digest and assimilate easily and thoroughly the food. But because one kind or form of prepared food is distasteful and disagreeable, it does not follow that all are so. Wells, Richardson & Co., of Burlington, Vt., manufacture “Lactated Food,” which is a restorative and constructive in various conditions of the system. It is meeting with great success in the diet of invalids and children, and is received with approval by food experts at home and abroad.

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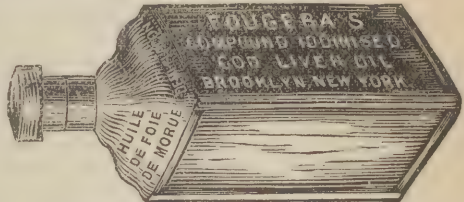
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Put up in 1 lb. Cans, 5 lb. Cans, 10 lb. Cans, 25 lb. Cans, 50 lb. Cans, 100 lb. Cans.

SAMPLES FURNISHED ON APPLICATION. The Post-Office Laws forbid anything of an oleaginous nature being sent through the mails.

In chemical composition, Cosmoline (Unguentum Petrolei) is an oleaginous hydrocarbon corresponding to the heavy petroleum oils, and containing a large amount of the paraffines and olefines of the formulae $C_{16}H_{34}$ and $C_{16}H_{32}$. It contains but a small percentage of the paraffines and olefines, corresponding to the formulae C_7H_{16} and C_7H_{14} respectively, and the offensive and irritating properties of the crude oil have been carefully removed. In the process of purification no acids, alkalies or other chemicals are employed and no injurious additions of any kind are made to the natural product. The result is a semi-solid, translucent substance, with a faint odor, and unctuous feel.

Cosmoline (Unguentum Petrolei) melts at about 109° Fah. (38° Cent.); and boils at about 625° Fah. (329° Cent.); its specific gravity is about 0.875 at 60° Fah.

As it contains no oxidizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.

291 MADISON AVENUE, NEW YORK, February 26, 1878.

I have examined the preparation of Cosmoline as manufactured by E. F. Houghton & Co., Philadelphia, and believe them well adapted to the purposes for which they are designed. As lubricants and as the base of simple or medicated ointments, they have a decided advantage over the fixed oils and fatty substances in ordinary use, in that they do not become rancid, and do not acquire irritating qualities from atmospheric exposure.

ALFRED C. POST, M. D., LL. D.,
Emeritus Professor of Clinical Surgery in the University of New York,
Visiting Surgeon to Presbyterian Hospital, etc.

218 SOUTH SIXTEENTH ST., PHILADELPHIA, July 7, 1880.

Messrs. E. F. HOUGHTON & Co.:

Gents—The petroleum product prepared by you and supplied to physicians under the name of Cosmoline (Unguentum Petrolei), was first brought to my notice while I was resident physician in the Pennsylvania Hospital, and it at once commended itself to me as a bland emollient, as an elegant substitute for carbon oil in burns and scalds, as a protective in excoriations and certain diseases of the skin, and as an excipient in the place of lard for applications to the eye and ear. For the last two years I have used the plain Cosmoline, both in Hospital and in private practice, in Gynecological and Obstetrical cases, with perfect satisfaction, and consider it much superior to Olive Oil, which is so generally used. Carbolated Cosmoline is a useful combination, but the rose-scented Cosmoline is, beyond all question, a work of art, which cannot be too highly commended. I have the honor to be

Very respectfully yours,

FRANK WOODBURY, M. D.
Physician to German Hospital.

Messrs. E. F. HOUGHTON & Co.:

I have for a number of years made extensive use of Cosmoline (Unguentum Petrolei) and consider it a most valuable article for surgical purposes. Either as a dressing by itself or as a vehicle for the application of medicaments, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature.

Yours truly,

JOHN H. PACKARD, M. D.

Messrs. E. F. HOUGHTON & Co.:

1031 WALNUT STREET, PHILADELPHIA.

I have used extensively Cosmoline (Unguentum Petrolei) both in dispensary and private practice, with very great satisfaction. As a vehicle for making ointments it is invaluable and far superior to lard, for the reason that it will not become rancid or undergo chemical change like the latter, when exposed to the atmosphere. I cannot too highly commend it as an application in various skin diseases.

Yours truly,

JOHN V. SHOEMAKER, A. M., M. D.
Physician to the Pennsylvania Free Dispensary for Skin Diseases.

Prepared by E. F. HOUGHTON & Co., 211 S. Front St., Philadelphia.

PEPSIN.

H. SCHEFFER,

Louisville, Ky.

Manufactures by his Improved Method

SACCHARATED PEPSIN,

which has proven its superiority over other Pepsins by its stability and uniformity, and by its agreeable taste.

In digestive power it corresponds to the standard adopted by the Committee on the 6th Revision of the U. S. Pharmacopœia, which is as follows:

One part dissolved in 500 parts of water acidulated with 7.5 parts of hydrochloric acid should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

CONCENTRATED DRY PEPSIN,

which possesses eight times the digestive power of the Saccharated; particularly recommended to manufacturers.

LIQUID PEPSIN.

a very active and palatable medicine, containing 4 per cent. of Saccharated Pepsin dissolved in acidulated water and glycerine.

T. ENGELBACH,

DEALER IN

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And APPLIANCES,

Trusses, Crutches, Invalid Chairs, &c. &c.

No Fancy Prices. We Sell at New York Manufacturers' Prices,

With usual 25% to 35% off.

REPAIRING PROMPTLY ATTENDED TO.

Depot for FRESH VACCINE VIRUS POINTS from N. E. Vaccine Company.

10 Points, \$1.00.

DeFow's Gynecological Chair. The best in the market.

Correspondence Invited.

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R. F. REYNOLDS, P. R. ROGERS, E. W. HOW,

COM'L AGT., NEW ORLEANS.

GEN'L TRAV. PASS. AGT.

GEN. PASS. AGT. MEMPHIS.

These preparations may be relied upon as being accurately and skillfully prepared, from the best materials.

ROBINSON'S HYPOPHOSPHITES.

Nutritive, Tonic and Restorative, palatable and agreeable.

Each fluid ounce contains:

HYPOPHOSPHITES SODA.....	2	grs.
" LIME.....	1½	"
" IRON.....	1½	"
" QUININE.....	¾	"
" MANGANESE.....	1½	"
" STRYCHNINE.....	1-16	"

DOSE : 1 to 4 Fldrs.

The efficacy of such a combination of remedial agents in the treatment of pulmonary weakness, or any form of debility, has been clearly demonstrated. In CONSUMPTION and other WASTING DISEASES and in STRUMOUS affections it has proved invaluable. In **pint bottles.** Price \$1.00.

ROBINSON'S WINE OF COCA.

The stimulant virtues of the best select grade of **Coca Leaves** are represented in this preparation combined with a very fine article of pure **Imported Malaga Wine.** It is recommended in cases of nervous prostration, general debility, etc.

Each fluid drachm equals 7½ grains Coca Leaves. DOSE : 1 to 8 Fldrs. In **pint bottles** Price \$1.00.

ROBINSON'S LIME JUICE AND PEPSIN.

An elegant preparation, combining the reliable *digestive* properties of *Scheffer's Concentrated Pepsin*, and the *Aperient and Cholagogue* characteristics of *Pure Lime Juice* of the best quality.

A valuable remedy for *Dyspepsia, Indigestion, Biliousness, etc.*

Each fldr. digests at least 100 grs. albumen: for specific test see label.

DOSE : 1 to 4 Fldrs.

In 6 oz. Bottles.....	Price 50c.
In Pint Bottles.....	" \$1.00.

ROBINSON'S PHOSPHORIC ELIXIR.

A MODIFIED AND IMPROVED FORM OF

CHEMICAL FOOD.

Each fluidounce represents:

PHOSPHATE SODIUM.....	12	grains.
" POTASSIUM.....	4	"
" CALCIUM.....	4	"
" IRON.....	2	"
FREE MONOHYDRATED PHOSPHORIC ACID.....	16	"

Therefore is approximately equal to thirty (30) grains of Monohydrated Phosphoric Acid, *free and combined.*

Equal in therapeutical value to the old reliable Parrish Chemical Food, or any similar combination of Phosphates, and in elegance of appearance and palatability far superior. The full benefit of Phosphoric Acid and the above named Phosphates as a remedy for *Nervous Exhaustion, General Debility, Deranged Digestion, Renal Troubles, etc.,* will be derived from our "*Phosphoric Elixir.*"

DOSE.

The average dose is a dessertspoonful (2 fldrs) diluted with water to be taken immediately before, during, or after meals. In **Pint Bottles, Price \$1.00.**

May be obtained through retail Druggists. If the nearest Druggist is not supplied, we will forward, for trial, either article by Express prepaid upon receipt of the retail price.

We invite a trial of our preparations. Please specify Robinson's. We are confident you will be pleased with them.

R. A. ROBINSON & CO.,
Manufacturing Pharmacists,

Established 1842.

LOUISVILLE, KY;

STRONG ENDORSEMENTS.

ROBINSON'S HYPOPHOSPHITES,

ROBINSON'S LIME JUICE AND PEPSIN,

ROBINSON'S PHOSPHORIC ELIXIR,

ROBINSON'S WINE COCA.

We have received from a number of Physicians gratifying reports as to the very satisfactory results obtained in the use of our Preparation. Among them the following to which we respectfully ask attention.

MESSRS. R. A. ROBINSON & Co.

LOUISVILLE, Ky., March 29, 1886.

Gentlemen: It affords me pleasure to state that for some time past I have been prescribing the *Syrup of Hypophosphites* and *Wine of Coca* prepared by your firm, with uniformly good results. Both are elegant preparations. As a stimulant in cases of Exhaustion, from whatever cause arising, and as antidote to the evil effects of Opium, your *Wine of Coca* has proven most serviceable. Your *Syrup of the Hypophosphites* presents a combination of constructive tonics and alteratives massed together in palatable form and in a beautiful solution, indicative of unsurpassed Pharmaceutical Art. I have used the latter in the debility of the old and the young; with nursing mothers and with those of strumous and tubercular tendencies with most gratifying effects. The well known reliability of your house is a sufficient guarantee of the purity of any compound upon which its label is found.

Yours very respectfully,

[Signed]

COLEMAN ROGERS, M. D.

MESSRS. A. R. ROBINSON & Co.

LOUISVILLE, Ky., April 1, 1886.

Gentlemen: For a number of months I have been prescribing your "Syrup of Hypophosphites" and have also been employing your "Wine of Coca" since it was placed before the profession. In my prescriptions I have specified "R. A. Robinson & Co." because of my confidence in the integrity of the manufacturers; feeling assured that they would permit no indifferent compound to be prepared at their laboratory. After having observed the effects of the above preparations on a large number of patients, I am convinced that no similar mixtures now upon the market, are so elegant and palatable, and at the same time so invariable and accurate in composition.

Respectfully your obedient servant,

[Signed]

JAMES M. HOLLOWAY, M. D.,
No. 728 Fourth Avenue.

MESSRS. R. A. ROBINSON & Co.

LOUISVILLE, Ky., April 16, 1886.

Dear Sir: It gives me pleasure to state that I have used your preparations of Hypophosphites and Wine Coca, with most excellent results. The Wine Coca I used in a case of Exophthalmic Goitre. The Patient has been bedridden for three years and it has given her more comfort than anything she has taken, and enables her to go about her room with comparative ease. The reputation of your house gives assurance that these valuable remedies are what they are represented to be and I can recommend them both.

Yours truly,

[Signed]

T. P. SATTERWHITE.

MESSRS. R. A. ROBINSON & Co.

MADISONVILLE, Ky., Nov. 20, 1886.

Gentlemen: I am pleased with your "*Lime Juice and Pepsin*" I have used a great many kinds of Pepsin, but obtained but little benefit from them. I use your "*Lime Juice and Pepsin*" in my practice very extensively, and think that it is far superior to anything in the way of Pepsin.

Yours truly,

[Signed]

W. S. ROSS, M. D.

MESSRS. R. A. ROBINSON & Co.

RIVERVIEW, Ky., Dec. 30, 1886.

It affords me much pleasure to be able to bear testimony to the virtues of some of your Specialties. I have prescribed your *Lime Juice and Pepsin* in several cases of chronic indigestion, with very happy results. I have also used your *Phosphoric Elixir* in extreme nervous exhaustion, with incipient paralysis; and have obtained good results. I can cheerfully recommend your preparations for purity, excellence and palatability. The eminent reputation of your house for honorable dealing, is a sufficient guarantee that all your preparations are reliable and precisely as represented.

Respectfully,

Corn Creek P. O., Trimble County, Ky.

[Signed]

JOHN TOTTEN, M. D.

WE HAVE RECENTLY ADDED TO OUR LIST

ROBINSON'S PHOSPHORIC ELIXIR,

A Modified and Improved Form of Chemical Food.

Our *Manufacturing Department* is now one of the main features of our business, and our facilities are such that practitioners may with confidence rely upon our products being of the highest degree of excellence attainable, in every respect.

In prescribing please specify *Robinson's*.

R. A. ROBINSON & CO.,

ESTABLISHED 1849.

MANUFACTURING PHARMACISTS,

LOUISVILLE, Ky.

The Preparations are put up in Pint bottles, retailing at \$1.00.

The Lime Juice and Pepsin is also put up in 6 oz. bottles, retailing at 50c.

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Chemical Apparatus, Surgical Instruments, Electric Apparatus, Medicine Chests, Saddle Bags, Trusses, Supporters, Silk Stockings, Sponges, and all articles used in Medicine and Surgery.

FINE WINES AND LIQUORS.

PERFUMERY, FANCY GOODS, PAINTS, OILS. DYE STUFFS, GLASS, ETC.

Importers of

FRENCH ENGLISH AND GERMAN DRUGS AND CHEMICALS.

Importers of Swedish Leeches,

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Liquor Ergot, Cinchona, Buchu, Taraxacum, etc.,

Importers of French, English and German Proprietary,

Medicines, Perfumery and Drug Sundries.

Only direct Importers in the South of Norwegian or Bergen Cod Liver Oil,

White and Brown

Agents for SHEPARD & DUDLEY SURGICAL INSTRUMENTS,

Which we Sell at Makers' Prices.

Agents for W. R. WARNER & CO.'S SUGAR COATED PILLS.

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SOLID AND FLUID EXTRACTS.

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DIALYSED IRON, COMPRESSED PILLS, &C., &C.

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BUFFALO LITHIA, BLUE LIQ, POLAND. BETHESDA AND BLADON WATER.

Always in stock a full line of

CARPENTER'S, ELLIOT'S AND LESLIE'S

SADDLE BAGS, FRESH HUMAN AND BOVINE VACCINE.

The extensive Dispensing Department and complete Laboratory connected with our Wholesale Business enables us to give that careful attention to Physician's Orders necessary to ensure filling them satisfactorily.

Having always exercised the greatest care in the selection of the crude materials employed, and making all pharmaceutical preparations of standard strength, in strict accordance with established and recognized formulas, we have earned and are entitled to the confidence of the profession.

I. L. LYONS & CO.

Pharmaceutical and Medicinal Preparations

FROM THE LABORATORY OF

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During our many years experience we have always recognized the importance of establishing in our midst a LABORATORY which would enable physicians to procure at home, with a guarantee of purity and reliability, the many elegant and really scientific preparations which have of late years become so popular with practitioners and patients. Supplied with the MOST APPROVED APPARATUS and in charge of intelligent and experienced pharmacutists, we may justly claim the products of our laboratory to be excelled by none in the country, and to be far superior to most others of foreign manufacture. We cannot attempt here to enumerate all the extensive list of our preparations, and will only call attention to the leading ones, which have, by their absolute reliability, elicited the praise and approbation of the leading physicians in this city.

We also beg to add that we are prepared to manufacture at short notice any pharmaceutical preparation which physicians may be unable to procure elsewhere.

COD LIVER OIL with PHOSPHATE OF LIME;

COD LIVER OIL with LACTO-PHOSPHATE OF LIME;

COD LIVER OIL with SOLUBLE PHOSPHATE OF LIME;

COD LIVER OIL, FERRATED;

COD LIVER OIL, IODO-FERRATED;

COD LIVER OIL, PHOSPHORATED;

BERGEN COD LIVER OIL, WHITE;

BERGEN COD LIVER OIL, BROWN.

NUTRITIVE ELIXIR, (Beef, Cognac and Bitter Orange) NUTRITIVE ELIXIR, FERRATED, designed as SUBSTITUTES FOR DUCROS' ELIXIR, at more moderate prices.

ELIXIR BISMUTH.

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ELIXIR CALISAYA, IRON, STRYCHNIA and BISMUTH.

ELIXIR CALISAYA, IRON, PEPSINE and BISMUTH.

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ELIXIR PHOSPHATE IRON, QUININE and STRYCHNIA.

ELIXIR PYROPHOS. IRON, QUININE and STRYCHNIA.

ELIXIR PEPSINE.

ELIXIR PEPSINE and BISMUTH.

ELIXIR PEPSINE, BISMUTH and STRYCHNIA.

ELIXIR PEPSINE, BISMUTH, STRYCHNIA and IRON.

ELIXIR VAL. AMMONIA.

ELIXIR VAL. AMMONIA and QUININE.

ELIXIR GUARANA.

ELIXIR TARAX. COMP. for masking Quinine.

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SYRUP PHOSPHATES COMP.

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SYRUP LACTO-PHOSPHATE IRON.

SYRUP LACTO-PHOSPHATE LIME.

SYRUP IRON, free from taste and acid.

SYRUP PHOSPH. IRON, QUININE and STRYCHNIA.

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SYRUP LACTO-PHOS. LIME and PEPSINE.

SYRUP LACTO-PHOS. LIME and IRON.

WINE, BEEF and IRON.

WINE, BEEF, IRON and CINCHONA.

WINE, PEPSINE.

WINE, IRON BITTER.

WINE CINCHONA, (Quinquina Robiquet.)

WINE CINCHONA, FERRUGINEUX, (Quinquina Robiquet.)

WINE WILD CHERRY.

WINE WILD CHERRY, FERRATED.

FLUID EXTRACT ERGOT prepared from the selected grains, and all fluid Extracts of STANDARD STRENGTH.

All new and rare chemicals kept in stock.

I. L. LYONS & CO.

SHARP & DOHME, Manufacturing Chemists, BALTIMORE, MD.

Manufacturers of all the officinal and other standard
FLUID, SOLID AND POWDERED EXTRACTS,

Including all the NEW REMEDIES;

PURE CHEMICALS, ELIXIRS, SYRUPS, DIALYSED IRON,
SACCHARATED PEPSIN, (U.S.P.)

GRANULAR EFFERVESCENT SALTS,

COMPRESSED TABLETS,

COMPRESSED LOZENGES,

TABLET TRITURATES, ETC., ETC.

SOLUBLE GELATINE COATED AND SUGAR COATED PILLS,

Comprising all the officinal and other well-known favorite formulæ.

These PILLS are all Prepared with the Utmost Care, under our Immediate Supervision.

The DRUGS entering into their Composition are of the Best Quality.

The Quantities and Proportions are Invariably as Represented on the Labels.

The Excipients to make the Masses are Carefully Chosen in each Case, to make the Pill Permanently Soluble in the Fluids of the Stomach and Bowels.

The Sugar Coating and Gelatine Coating will be found very Soluble, and not excelled by any other in point of Beauty or Finish.

Physicians will find our **Pil: Lapaeticæ (S. & D's.)**

RECENTLY INTRODUCED BY US

Composition: { Aloni, 1-4 gr. Extr. Bellad, 1-8 gr. }
 { Strychnine, 1-60 gr. Ipecac, 1-16 gr. }

An elegant and most efficient combination for the relief of Habitual Constipation, Atonic Dyspepsia, Biliary Engorgement, and many gastric disorders.

Sample sent upon application.

WE CALL SPECIAL ATTENTION TO OUR

SOLUBLE HYPODERMIC TABLETS.

These Tablets are quickly and perfectly soluble in cold or warm water.

They combine accuracy of dose with perfect preservation of the active ingredient.

The base with which the latter is combined is perfectly harmless and unobjectionable.

They will cause no abscesses.

They will not become insoluble by age

They may also be administered by the mouth.

Catalogues giving Composition, Doses, etc., of all our Preparations Mailed to Physicians by applying to us direct, or to our wholesale agents,

I. L. LYONS & CO.,

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GREEN SPRING SANITARIUM AND WATER CURE.

WITHOUT A RIVAL AMONG THE MIN-
ERAL SPRINGS OF AMERICA



FOR THE TREATMENT OF NERVOUS
AND MENTAL DISEASES.

Including the Opium and Alcohol Habits; also Diseases incident to Women, Chronic Rheumatism, Skin Diseases and Dyspepsia. Seventy miles west of Cleveland in a natural grove of ten acres. Sixteen years successful operation. Means and appliances complete. Treatment by baths, electricity and massage a specialty. One of the largest medical springs in America. Elegant apartments, moderate terms.

For particulars, address:

JOHN S. MARSHALL, M. D., Supt., GREEN SPRING, OHIO.

WHEELER'S TISSUE PHOSPHATES

Bone-Calcium Phosphate Ca.3. 2. P. 0.4 Sodium Phosphate Na.3. M. P. 0.4 Ferrous Phosphate Fe.3. 2. P. 0.4 Trihydrogen Phosphate S. P. 0.4

Wheeler's Compound Elixir of Phosphates and Calceaya. A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility.

The Lactophosphates prepared from the formula of Prof. Dugat, of the University of Paris, combines with a superior Permian Sherry Wine and Aromatics in an agreeable cordial easily assimilable and acceptable to the most irritable stomachs.

Medium medical doses of Phosphorus, the oxidizing element of the Nerve Centers for the Generation of Nerve Force; Lime Phosphate, an agent of Cell Development and Nutrition; Soda Phosphate, an excitant of functional activity of Liver and Pancreas and Corrective of Acid Fermentation in the Alimentary Canal; Iron, the Oxidizing Constituent of the Blood for the generation of Heat and Motion, Phosphoric Acid Tonic in Sexual Debility; Alkaloids of Calceaya, Anti-Malarial and Febrifuge. Extract of Wild Cherry, uniting with tonic power the property of calming Irritation and diminishing Nervous Excitement.

The superiority of the Elixir consists in uniting with the Phosphates the special properties of the Cinchona and Prunus, of subduing fever and allaying Irritation of the Mucous Membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of faulty nutrition, the outcome of indigestion, Mal-assimilation of Food, and failure of supply of these essential elements of Nerve Force and Tissue Repair.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium and Tobacco Habits, Gestation and Lactation to promote development etc., and as a physiological restoration in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapists.

There is no strychnia in this preparation, but when indicated the Liquor Strychnia of the U. S. Dispensary may be added, each fluid drachm of the solution to a pound bottle of the Elixir making the 64th of a grain to a half fluid ounce, an ordinary dose, a combination of a wide range of usefulness.

DOSE.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. WHEELER, M. D., Montreal, D. C.

Put up in pound bottles and sold by all Druggists, at One Dollar.

TH. RUDOLF,
Druggist,

Corner Dryades and Second Streets,

NEW ORLEANS, LA.

BROMIDIA

THE HYPNOTIC.

Formula.—

Every Fluid drachm contains 15 grs. EACH of pure Chloral Hydrat, and purified Brom. Pot. and one-eighth gr. EACH of gen. imp. ext. Cannabis, Ind. and Hyoseyam.

Dose.—One-half to one fluid drachm in WATER or SYRUP every hour until sleep is produced.

Indications.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, Etc. In the restlessness and delirium of fevers, it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

PAPINE

THE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, Etc.

Indications.—

Same as Opium or Morphia.

Dose.—(ONE FLUID DRACHM)—represents the Anodyne principle of one-eighth grain of Morphia.

IODIA

THE ALTERNATIVE AND UTERINE TONIC.

Formula.—

Iodia is a combination of active Principles obtained from the Green Roots of STILLINGIA, HELONIAS, SAXIFRAGA, Menispermum and Aromatic. Each fluid drachm also contains five grains IOD.-POTAS. and three grains PHOS-IRON.

Dose.—One or two fluid drachms (more or less as indicated) three times a day, before meals.

Indications.—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhœa, Amenorrhœa, Impaired Vitality, Habitual Abortions and General Uterine Debility.

BATTLE & CO.

CHEMISTS CORPORATION.

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9 & 10 Dalhousie Square, Calcutta.

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Specify (BATTLE) when prescribing our preparations.

Specify (BATTLE) when prescribing our preparations.

Established 15 Years.

OBSERVE THE NAME.

Beware of Imitations.

COLDEN'S

Liquid Beef Tonic.

ORIGINAL LABEL:

"Colden's Liebig's Liquid Extract of Beef and Tonic Invigorator."

An Invaluable Aid in Medical Practice.

Differs Essentially from all other Beef Tonics.

COLDEN'S Liquid Beef Tonic is endorsed by scores of physicians, who are growing to realize more and more its importance in repairing, in accordance with the principles of dietetics, the **waste which disease entails**. It consists of the extract of Beef (by Baron Liebig's process) spirit rendered non-injurious to the most delicate stomach by extraction of the Fusel Oil, soluble Citrate of Iron, Cinchona, Gentian, and other bitter tonics. An official analysis of this preparation by the eminent Chemist, ARTHUR HILL HASSALL, M. D., F. R. S., and an endorsement by the late SIR ERASMUS WILSON, F. R. S., are printed on the label of each bottle.

As a **nutrient**, and a **reliable tonic** in all cases of debility and weakness, Malarial Fever, Anæmia, Chlorosis, Incipient Consumption, etc., it is the best preparation ever used. It acts directly on the sentient Gastric Nerves, stimulating the follicles to secretion, and gives to weakened individuals that first prerequisite to improvement — an appetite. It strengthens the nervous system when unstrung by disease, and has been employed with remarkable success as a remedy for Drunkenness and the Opium Habit.

Its Range of Action Embraces all Cases of Debility.

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Time Table in Effect December 31, 1886.

TRAINS NORTH BOUND.

Read Down.

TRAINS SOUTH BOUND.

Read Up.

No. 2	No. 6		FLAG STATIONS MARKED THUS †		No. 1	No. 5
10:40 A. M.	8:00 P. M.	Leave	NEW ORLEANS.	Arrive	3:00 P. M.	7:35 A. M.
11:43 A. M.	9:10 P. M.	"	SLIDELL.	Leave	2:00 P. M.	6:28 A. M.
11:57 A. M.	† 9:23 P. M.	"	PEARL RIVER.	†	1:47 P. M.	6:14 A. M.
12:12 P. M.	† 9:39 P. M.	"	NICHOLSON.	"	1:32 P. M.	5:57 A. M.
12:22 P. M.	† 9:51 P. M.	"	MITCHELL.	"	1:21 P. M.	† 5:46 A. M.
12:30 P. M.	† 10:00 P. M.	"	HIGHLAND.	"	1:12 P. M.	† 5:37 A. M.
1:07 P. M.	10:36 P. M.	"	POPLARVILLE.	"	12:34 P. M.	5:00 A. M.
1:24 P. M.	† 10:51 P. M.	"	HILLSDALE.	†	12:17 P. M.	† 4:45 A. M.
1:39 P. M.	† 11:05 P. M.	"	PIOTONA.	"	12:02 P. M.	† 4:39 A. M.
1:49 P. M.	† 11:14 P. M.	"	TALOWAH.	"	11:52 A. M.	† 4:21 A. M.
2:02 P. M.	11:25 P. M.	"	PURVIS.	"	11:38 A. M.	4:09 A. M.
2:13 P. M.	11:35 P. M.	"	OKAHOLA.	"	11:27 A. M.	† 4:00 A. M.
2:26 P. M.	† 11:45 P. M.	"	CARTER.	†	11:16 A. M.	† 3:48 A. M.
3:00 P. M.	11:53 P. M.	"	HATTIESBURG.	"	11:00 A. M.	3:35 A. M.
3:16 P. M.	† 12:14 A. M.	"	EASTABUCHEE.	†	10:46 A. M.	† 3:20 A. M.
3:25 P. M.	12:24 A. M.	"	TUSCANOLA.	"	10:36 A. M.	† 3:10 A. M.
3:46 P. M.	12:42 A. M.	"	ELLISVILLE.	"	10:17 A. M.	2:52 A. M.
4:01 P. M.	† 1:15 A. M.	"	LAUREL.	"	10:03 A. M.	2:37 A. M.
4:17 P. M.	† 1:15 A. M.	"	SANDERSVILLE.	†	9:45 A. M.	† 2:21 A. M.
4:33 P. M.	1:30 A. M.	"	HEIDELBERG.	"	9:29 A. M.	2:06 A. M.
4:42 P. M.	1:37 A. M.	"	VASSBURG.	"	9:22 A. M.	1:59 A. M.
4:53 P. M.	† 1:48 A. M.	"	BARNETT.	†	9:11 A. M.	† 1:48 A. M.
5:00 P. M.	1:56 A. M.	"	PACHUTA.	†	9:03 A. M.	† 1:39 A. M.
5:20 P. M.	2:18 A. M.	"	ENTERPRISE.	"	8:43 A. M.	† 1:19 A. M.
5:38 P. M.	"	"	CORINNE.	"	8:27 A. M.	"
6:00 P. M.	3:00 A. M.	Arrive	MERIDIAN.	"	8:00 A. M.	12:40 A. M.
12:30 P. M.	7:48 P. M.	"	TUSCALOOSA.	"	3:47 A. M.	8:15 P. M.
13:40 A. M.	10:00 A. M.	"	BIRMINGHAM.	"	1:40 A. M.	5:35 P. M.
3:32 A. M.	1:05 P. M.	"	ATTALLA.	"	10:31 P. M.	2:15 P. M.
7:50 A. M.	5:55 A. M.	"	CHATTANOOGA.	"	6:30 P. M.	9:15 A. M.
1:28 P. M.	1:15 A. M.	"	SOMERSET.	"	12:50 P. M.	2:27 A. M.
2:42 P. M.	2:40 A. M.	"	JUNCTION CITY.	"	11:35 P. M.	12:53 P. M.
4:12 P. M.	4:00 A. M.	"	LEXINGTON.	"	10:22 A. M.	11:20 P. M.
6:42 P. M.	6:40 A. M.	"	CINCINNATI.	"	7:55 A. M.	8:10 P. M.

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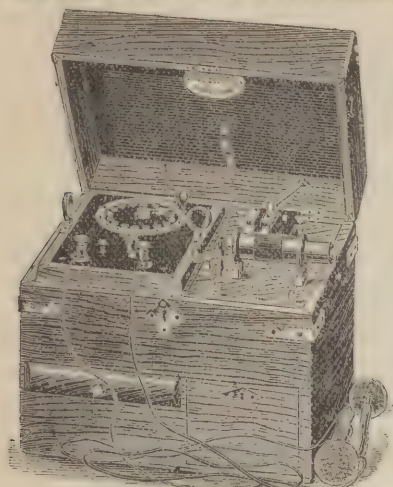
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Extract from Letter, W. F. GLENN, M. D.,

Professor of Genito-Urinary Diseases in the Medical Department of the University of Tennessee.

No practitioner passes many days, or seldom many hours, without being called upon to prescribe for some real or imaginary disease of the kidneys. While such serious disorders as diabetes and Bright's disease, in which these organs are fatally involved, are occasionally met with, they are few as compared with the many minor affections, not only of the kidneys themselves, but of all parts of the genito-urinary tract. Catarrh of the kidneys, ureter bladder or urethra, irritations and congestions of the various parts of the urinary apparatus, are as common as bad colds. What is more frequent than patients complaining of pain in the back, in the region of the kidneys, with or without a scant flow of urine, or a burning sensation in the neck of the bladder or urethra on voiding urine, and numbers of other similar ailments. In all forms of functional derangement of these important excretory organs the administration of a gentle but effective diuretic generally affords relief. Where an analysis of the urine proves the absence of elements that would indicate serious organic lesions it is a safe, and in fact a proper course, to use a remedy that will stimulate to gentle action the cells of the kidneys, thereby increasing the watery portions of the urine. Such a course will rarely fail to effect a cure.

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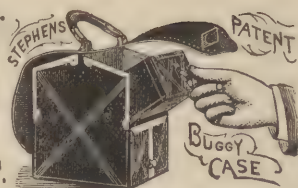
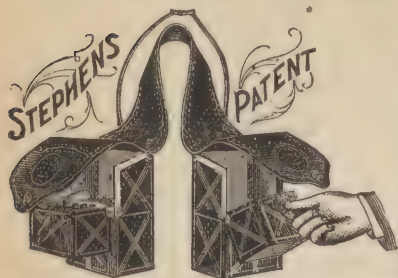
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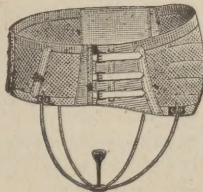
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